

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (9/20/02)	PROGRAM IMPROVEMENT PLAN (9/1/03)
Alaska	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ Services offered to families are not adequate to ensure children's safety and reduce risk of harm and often do not address underlying issues contributing to maltreatment.</li> <li>▪ Where services were provided to families, there was insufficient monitoring by the agency to assess whether services were actually provided, whether parents were fully participating in services, and/or whether children continued to be safe.</li> <li>▪ Stakeholders noted the need for more case-specific coordination between the State, Tribal worker and village worker to ensure follow-through on rural cases and the need for additional expertise in villages when assessing safety and providing emergency response.</li> <li>▪ The main concerns regarding services to the family to protect child(ren) in home and prevent removal were (1) services were inadequate because they did not address key problems; (2) recommended services were not provided; and (3) post-reunification services were not provided.</li> </ul> <p><b><u>WELL- BEING</u></b></p> <ul style="list-style-type: none"> <li>▪ Caseworker visits with parents were not of sufficient frequency or quality to promote the safety and well-being of the child or enhance attainment of permanency. This was particularly challenging for in-home cases</li> <li>▪ Stakeholders voiced concern that caseworkers and foster parents do not understand the education system well enough to advocate for the children and that more training is needed in this area.</li> <li>▪ Key problems related to physical health services were inconsistencies with regard to (1) providing health screening for children at entry into foster care and (2) providing foster parents with child health records.</li> <li>▪ There were inconsistencies in the assessment of children's mental health needs and providing the necessary mental health services.</li> </ul>	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ Collaborative processes within communities and among departments will ensure the most effective means of service delivery in the treatment of substance abuse. Stakeholder meetings may serve to develop Family Group Conferencing models in target offices. Family Group Conferencing will serve to support families in their communities, with their tribes and natural supports.</li> <li>▪ OCS will use the Structured Decision Making process for opening in-home cases and in-home case planning. Regional work groups will be established to improve collaboration among tribes, community groups and the OCS. This will facilitate the extension of case management services, home visiting, and other services. OCS will, with its partner divisions, examine a different structure for funding services. This may enable a funding approach that addresses family needs while children are still in the home.</li> </ul> <p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>▪ Policy will be developed and training provided to staff regarding the use of culturally appropriate techniques to engage parents in the case planning process.</li> <li>▪ OCS will work closely with the Department of Education and Early Development as well as the Department of Law to reduce barriers that exist in the sharing of educational information on children in custody. OCS will measure progress in this area.</li> <li>▪ OCS will encourage parent advocacy groups, such as Parents, Inc. to more broadly advertise the training they provide on an ongoing basis to assist parents and foster parents in advocating for their children's educational needs.</li> <li>▪ OCS will re-establish its partnership with the Division of Public Health to facilitate EPSDT screenings for all children in custody within 30 days of placement.</li> </ul>

*The content of this state profile was taken from the CFSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader.*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (9/20/02)	PROGRAM IMPROVEMENT PLAN (9/1/03)
Alaska	<p><b><u>SYSTEMIC FACTOR: SERVICE ARRAY</u></b></p> <ul style="list-style-type: none"> <li>▪ Services are not available in sufficient quantity in either rural or urban communities. Shortages of services have a negative impact on prevention and reunification efforts, placement stability, and child well-being. Stakeholders noted shortages in foster placements, substance abuse services, mental health services, respite care, day care, culturally appropriate services, and home-based services.</li> </ul> <p><b><u>SYSTEMIC FACTOR: AGENCY RESPONSIVENESS TO COMMUNITY</u></b></p> <ul style="list-style-type: none"> <li>▪ The State has an active Tribal-State collaboration group, some positive local collaboration efforts, and leadership that is accessible at all levels of the agency when questions or issues arise. The agency is generally responsive to the community and engaged in consultation with a wide range of community and Tribal stakeholders and partners.</li> <li>▪ Despite the viable Tribal-State collaboration, stakeholders indicated that the agency is not proactive and seems to respond more to requests for information rather than reaching out to the community to form partnerships.</li> </ul>	<p><b><u>SYSTEMIC FACTOR: QUALITY ASSURANCE</u></b></p> <ul style="list-style-type: none"> <li>▪ OCS will develop a process whereby regular feedback regarding agency performance will be obtained from a variety of stakeholders including tribal groups, foster parents and families involved with OCS.</li> </ul> <p><b><u>SYSTEMIC FACTOR: SERVICE ARRAY</u></b></p> <ul style="list-style-type: none"> <li>▪ OCS will assess strengths and gaps in the service system on a regional basis. This information will be used to develop collaborative efforts and agreements both within the department and with communities. There is a need for increased collaboration within the Department regarding the provision of services.</li> <li>▪ In order to provide needed services, OCS will create flexible funding opportunities and collaborate with the divisions of Behavioral Health, Public Health and Health Care Services to achieve this goal.</li> </ul> <p><b><u>SYSTEMIC FACTOR: TRAINING</u></b></p> <ul style="list-style-type: none"> <li>▪ Innovative case work and service provision will be necessary in the many areas in which services are either unavailable or the capacity does not meet the need. Use of tribal, paraprofessional and village-based resources will be essential.</li> </ul>

*The content of this state profile was taken from the CFCSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader.*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (6/18/02)	PROGRAM IMPROVEMENT PLAN (3/28/03)
Alabama	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ Statewide Assessment notes that the availability and emphasis on in-home services enhances DHR’s ability to prevent maltreatment recurrence.</li> <li>▪ The implementation of comprehensive assessments to address family functioning as opposed to assessing only the presenting allegations was described as contributing to the prevention of repeat maltreatment.</li> <li>▪ Repeat maltreatment is an infrequent occurrence due to the following factors: (1) the rapid development and implementation of safety plans in all cases; (2) the array of services that DHR makes available to families to prevent repeat maltreatment; and/or (3) the DHR policy of requiring that all cases be reviewed by a committee prior to case closure.</li> <li>▪ DHR has an impressive array of services to prevent removal of children from their homes. These services were described as creative and individualized. The availability and quality of preventive services and the emphasis of the agency on using preventive services whenever possible is a clear strength for DHR.</li> <li>▪ Stakeholders were particularly positive regarding the Family Options program, which is a family preservation program that is accessible 24 hours a day and uses a skills-based behavioral approach to working with families.</li> </ul> <p><b><u>WELL- BEING</u></b></p> <ul style="list-style-type: none"> <li>▪ Parents are routinely involved in the creation and documentation of an Individualized Service Plan (ISP).</li> <li>▪ Children, even when age appropriate, are not routinely involved in the creation and documentation of an Individualized Service Plan (ISP).</li> <li>▪ DHR is effective in addressing the physical health needs of children.</li> <li>▪ DHR is not effective in addressing the mental health needs of children.</li> </ul>	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ Family preservation – Record reviews by consultant target placements not including a referral to Family Options. Consultation will be provided to counties with low utilization and build staff capacity for family preservation services.</li> </ul> <p><b><u>WELL- BEING</u></b></p> <ul style="list-style-type: none"> <li>▪ Develop and issue guidelines for an Education/DHR protocol to be used statewide.</li> <li>▪ Join in a collaborative initiative with Mental Health and DYS to commit funding to develop new family, school and community services to meet the special needs of children.</li> </ul>

*The content of this state profile was taken from the CFSSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader.*

Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)

FRIENDS National Resource Center for Community-Based Child Abuse Prevention

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (6/18/02)	PROGRAM IMPROVEMENT PLAN (3/28/03)
Alabama	<p><b><u>SYSTEMIC FACTOR: QUALITY ASSURANCE</u></b></p> <ul style="list-style-type: none"> <li>▪ The agency is operating a comprehensive QA system in collaboration with community stakeholders that identifies practice and policy issues, provides reports to relevant stakeholders, evaluates the quality of services provided, identifies gaps in services, recommends corrective actions and provides for <b>collaboration</b> with communities to meet service gaps.</li> </ul> <p><b><u>SYSTEMIC FACTOR: SERVICE ARRAY</u></b></p> <ul style="list-style-type: none"> <li>▪ The state has a wide variety of services to aid children and families. Intervention services may include, but are not limited to, in-home services to improve parent/child behaviors that contribute to the level of risk; assessment services to determine the causes of the abuse/neglect; and advocacy services for education and or mental health as well as individualized mental health services to meet identified needs. Some specific services include, among others: Family Options (family preservation and reunification services); family service centers; homemaker and case aide services; behavioral aides; and Multi-systemic Therapy (intensive, home-based approach to case management and therapy for families that remain intact or where re-unification is the goal).</li> </ul> <p><b><u>SYSTEMIC FACTOR: AGENCY RESPONSIVENESS TO THE COMMUNITY</u></b></p> <ul style="list-style-type: none"> <li>▪ A recent partnership with the Poarch Band of Creek Indians will help finalize ICWA policy and update the current agreement between the Tribe and DHR.</li> <li>▪ Stakeholders expressed the opinion that the agency is viewed very positively by the community and works closely with community partners to identify gaps in services and strategies for filling those gaps.</li> <li>▪ Covering Kids initiative is a community involvement program that allows the agency to have input into assuring that children who need health insurance are reached.</li> <li>▪ There is an urgent need for greater collaboration between DHR and the State and local education agencies and improvement in relationships with school systems at all levels.</li> </ul>	

*The content of this state profile was taken from the CFSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader.*

Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)

**FRIENDS National Resource Center for Community-Based Child Abuse Prevention**

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (2/1/02)	PROGRAM IMPROVEMENT PLAN (11/25/02)
Arizona	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ DES has augmented and improved policy and procedures for investigating reports with prior CPS history, collaboration with other agencies and the provision of prevention services.</li> <li>▪ Timely provision of preventive services has been effective in preventing recurrent child maltreatment.</li> <li>▪ The vast array of services provided is considered a major factor in reducing maltreatment. Staff routinely and quickly offers a wide array of services to families even when reports of abuse and neglect are unsubstantiated. Services are usually individualized to meet children and families' needs.</li> <li>▪ Programs such as Family Builders, Project Thrive, Intensive Family Preservation, and Healthy Families provide in-home services to engage families. Parents surveyed identified that in-home services and monitoring is an alternative effective in preventing removal of children from their homes.</li> <li>▪ Potential risks are quickly referred to Family Builders for intensive family preservation services.</li> <li>▪ DES routinely refers families to community-based services. With community and legislative support and collaboration, DES implemented significant home-based service programs to prevent child abuse and neglect and out-of-home placement.</li> </ul> <p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>▪ Families are typically aware of the services available and necessary to lead to the safe return of a child and/or successfully maintain a child in the home. Worker visits with child and their parents were timely.</li> <li>▪ The Family Group Decision Making Program (FGDMP) has effectively increased parental and extended family participation in case planning by giving control for the development of safety, placement and service plans to the family whenever possible.</li> <li>▪ In two rural counties, there is strong collaboration between the</li> </ul>	<p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>▪ Increase parent and child involvement in case planning to enhance the capacity of families to provide for their children's needs.</li> <li>▪ Increase use of the Family Group Decision Making Program to enhance the capacity of families to provide for their children's needs.</li> <li>▪ Recruit healthcare providers with an interest in providing services to children in foster care and train these providers in the unique needs of foster children.</li> <li>▪ Provided cross-system advocacy training for all District Mental Health Specialists.</li> <li>▪ Convened first of ongoing collaborative meetings between CMDP and ACYF to explore strategies to improve coordination of mental health services for ACYF children.</li> <li>▪ Convene ongoing meetings among ACYF, DHS, and RBHA to explore strategies to increase access to specialized mental health services including services to address sexual abuse, child substance abuse, attachment and bonding, and grief and loss issues.</li> </ul>

*The content of this state profile was taken from the CFSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader. Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (2/1/02)	PROGRAM IMPROVEMENT PLAN (11/25/02)
Arizona	<p>agency and the school in order to creatively address the educational needs of children; caseworkers, foster parents and other service providers were strong advocates for the educational needs of children in care.</p> <p><b><u>SYSTEMIC FACTOR: QUALITY ASSURANCE</u></b></p> <ul style="list-style-type: none"> <li>▪ A feedback loop is created through reporting of outcome data to interested stakeholders via relevant reports. These reports provide an opportunity for external stakeholders to track progress in areas of importance to them and provide feedback to DES.</li> </ul> <p><b><u>SYSTEMIC FACTOR: SERVICE ARRAY</u></b></p> <ul style="list-style-type: none"> <li>▪ A wide array of services is available to children and families in AZ, especially in urban areas. The State uses a variety of community services and resources to ensure that the needs of the family are met. FGDMP and Promoting Safe and Stable Families Initiative are services that have been expanded due to evidence of their success.</li> </ul> <p><b><u>SYSTEMIC FACTOR: AGENCY RESPONSIVENESS TO COMMUNITY</u></b></p> <ul style="list-style-type: none"> <li>▪ There is a broad and inclusive process to seek input and share information with community partners. Stakeholders cited numerous examples of positive ongoing collaboration and coordination efforts, such as the development and implementation of the DES State Strategic Plan/CFSP, at both the systemic and the case levels. DES is viewed as a “glass house” open to all.</li> <li>▪ State staff are made aware of initiatives and collaboration efforts.</li> <li>▪ There are excellent collaborative relationships with tribes, particularly the Navajo Nation. The Indian Child Welfare Unit has improved coordination and expedited permanency in cases where tribal membership has been verified.</li> </ul>	

*The content of this state profile was taken from the CFSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader. Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (5/6/02)	PROGRAM IMPROVEMENT PLAN (7/1/03)
Arkansas	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ DCFS provides some services directly, including but not limited to casework services, family support and in one area, Intensive Family Services. DCFS also purchases a number of placement services for children who are in foster care. DCFS utilizes community services and also purchases services to address family problems, including parenting education and Intensive Family Services.</li> </ul> <p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>▪ DCFS utilizes community services and also purchases services to address family problems, including parenting education support groups, Intensive Family Services, respite care services, and family resource centers.</li> <li>▪ Intensive Family Services is a mixture of in-home counseling and support services intended for families with multiple and severe problems whose children are at imminent risk of placement outside the home. The State FY 1999 evaluation of IFS noted that the number of IFS services had increased, served a greater number of children and families, reduced the demand or need for other services and reduced the rate of maltreatment. The evaluation reported that IFS was far less costly than foster care.</li> </ul> <p><b><u>SYSTEMIC FACTOR: QUALITY ASSURANCE</u></b></p> <ul style="list-style-type: none"> <li>▪ DCFS seeks to ensure the health and safety of children and to preserve families through the provision of Intensive Family Services.</li> </ul> <p><b><u>SYSTEMIC FACTOR: SERVICE ARRAY</u></b></p> <ul style="list-style-type: none"> <li>▪ Stakeholders indicate that the consistency of available services through the state appears problematic. Some counties are benefiting greatly from a wide array of services while other, generally more rural areas, have limited access to service to prevent and adequately address issues that impact child safety.</li> </ul>	<p><b><i>NOTE TO READER: PIP ELEMENTS WERE NOT IDENTIFIED WITHIN THE ESTABLISHED FORMAT</i></b></p> <p><b><u>Strategy 1: Develop and implement a family- friendly assessment and case planning process</u></b></p> <ul style="list-style-type: none"> <li>▪ In conjunction with technical assistance coordinated by the National Resource Center on Family Centered Practice and Permanency Planning, a workgroup will be formed to review and revise, as appropriate, the risk assessment and family assessment policy, procedures, tools, systems, training, and supervisory and monitoring tools and processes.</li> <li>▪ We will revise the case planning process, policies, procedures, tools, systems, training and supervisory and monitoring tools to assure appropriate providers and family members are involved, including non-custodial parents where appropriate, and that case plans are developed to keep children safe and prevent removal. This will include development of a standard supervisory review process.</li> </ul> <p><b><u>Strategy 2: Expand the array of services</u></b></p> <ul style="list-style-type: none"> <li>▪ We plan to develop a system that can be used for on-going assessment of services needs and planning to meet those needs, in order to achieve the following goals: <ul style="list-style-type: none"> <li>• Expand the current array of services and address service gaps, especially in rural areas, to meet the needs of children and families served by DCFS in order to protect children and prevent removal.</li> <li>• Develop policy and procedures to better meet the educational needs of the children DCFS serves.</li> </ul> </li> </ul>

*The content of this state profile was taken from the CFSSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader.*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (5/6/02)	PROGRAM IMPROVEMENT PLAN (7/1/03)
Arkansas	<ul style="list-style-type: none"> <li>▪ Many stakeholders identified a need for more specialized services including substance abuse treatment services, children’s mental health services and respite care services. Respite care services are available in only a small number of counties in the state.</li> <li>▪ The state conducts service needs assessments regularly as a basis for developing new contracts for services around the state.</li> <li>▪ Many areas have contract coordinators who are attempting to do outreach to providers in their communities in order to increase responses to the agency’s Request for Proposals for services.</li> <li>▪ DCFS has established 5 Resource Centers around the state to conduct outreach and make communities aware of the availability of services.</li> </ul> <p><b><u>SYSTEMIC FACTOR: AGENCY RESPONSIVENESS TO COMMUNITY</u></b></p> <ul style="list-style-type: none"> <li>▪ In developing the Child and Family State Plan (CFSP) , DCFS collaborated with key field, administrative central office and community providers. Community providers included a representative from a SCAN agency and staff from a Family Resource Center. The planning process produced goals that address prevention, protection, permanency, training and staff retention.</li> <li>▪ DCFS has assembled a team of internal and external stakeholders who participated in the development of the Statewide Assessment and who will continue to advise the agency in its ongoing CFSP development and review processes. The various DCFS policies require coordination of services with other public and private agencies that serve the same population.</li> <li>▪ Although DCFS has good collaboration in some areas of the state, it needs increased coordination in many areas. A number of focus groups indicated a need to know and understand each others’ services. Some community</li> </ul>	

*The content of this state profile was taken from the CFSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader.*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (5/6/02)	PROGRAM IMPROVEMENT PLAN (7/1/03)
Arkansas	<p>stakeholders had difficulty identifying who is included in the community of stakeholders who advise DCFS on the development and evaluation of the CFSP.</p> <ul style="list-style-type: none"> <li>▪ DCFS has signed agreements with local mental health centers for DCFS clients in local communities.</li> <li>▪ DCFS has formed a strong working relationship with the state's Medicaid agency in an effort to expand resources and services to eligible segments of the child welfare population.</li> <li>▪ Although DCFS has been making efforts to reach out to other public and private agencies, there is not as much effort from the other agencies to involve DCFS in relevant discussions, legislative testimony, or other collaborative initiatives that may also benefit the populations that DCFS is mandated to serve.</li> </ul>	

*The content of this state profile was taken from the CFSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader. Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (1/10/03)	PROGRAM IMPROVEMENT PLAN (7/1/03)
California	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ In commenting about repeat maltreatment, stakeholders suggest that the agency attempts to prevent maltreatment recurrence through use of structured decision making (SDM) in some areas of the State, frequent case conferences, and an array of services for families whose children remain in home, including services that are culturally appropriate.</li> <li>▪ In some counties, there is an array of services available to prevent the removal of children from their homes or to support the reintegration of the family through reunification.</li> <li>▪ Services included, but were not limited to, family preservation, parenting classes, family group conferencing, and culturally sensitive and language-appropriate in-home services.</li> <li>▪ Stakeholders and case reviewers in Los Angeles County also expressed concern about the State's 12-month limitation on in-home family service provision regardless of the status of the family at the end of the 12-month period. This limitation is established by State law (WIC 16506).</li> </ul> <p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>▪ When the family is engaged in family group decision making, they tend to be involved in the case planning process. Practices such as family decision-making models and wraparound services are being used with increased frequency throughout California.</li> <li>▪ <i>When family group decision making is not used, there is no other formal mechanism for involving parents in case planning.</i></li> <li>▪ Several partnerships exist among local county child welfare agencies, the local school system and community-based service agencies with the goal to improve the school system's capacity to meet the educational needs of children in foster care.</li> <li>▪ CDSS was highly effective in meeting children's physical health needs.</li> <li>▪ CDSS was less consistent in its efforts to address children's mental health needs, particularly for children in the in-home services cases.</li> </ul>	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ CDSS will develop a legislative proposal to modify the current 12-month limit on Family Maintenance Services. This change will allow counties to have appropriate flexibility and enough time to ensure child safety and improved family functioning before closing a case.</li> <li>▪ CDSS, will work with the California Department of Mental Health (DMH), the California Department of Alcohol and Drug Programs (ADP), County Welfare Directors Association (CWDA), Chief Probation Officers of California (CPOC), the associations representing the county mental health directors, alcohol and drug program directors (Proposition 36 funding), and the local county First Five Association and the State First Five Commission to ensure that children and families in the California child welfare services system receive the appropriate priority for services across systems.</li> </ul> <p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>▪ CDSS will issue an All County Information Notice (ACIN) clarifying that case plans require family engagement and clarifying the importance of documentation of child and family involvement in the case planning process.</li> <li>▪ CDSS, including Cal WORKS and Cal Learn staff, will work with the CA Department of Education to develop protocols for counties and local school districts to implement to improve educational services to children with identified needs.</li> <li>▪ CDSS will issue an All County Letter (ACL) that instructs counties to document how identified mental health needs are addressed. The ACL will also instruct counties on the importance of assessing the needs of all children in families with in-home cases.</li> </ul>

*The content of this state profile was taken from the CFSSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader.*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (1/10/03)	PROGRAM IMPROVEMENT PLAN (7/1/03)
California	<ul style="list-style-type: none"> <li>▪ There is a serious lack of “high end” mental health services for children with severe mental health problems. Los Angeles County stakeholders noted waiting lists up to 9 months.</li> </ul> <p><b><u>SYSTEMIC FACTOR: SERVICE ARRAY</u></b></p> <ul style="list-style-type: none"> <li>▪ The Statewide Assessment reports that more than 400 different programs related to prevention of child maltreatment exist in 58 counties. In addition, home-based services (e.g., parent education and support, home visiting, childcare, family group conferencing, substance abuse treatment and wraparound services) are provided to families to help prevent the need for out-of-home placement.</li> <li>▪ There is a large array of services available to children and families. Stakeholders also noted that pilot programs implementing FGDM and Wraparound Services are very effective where they exist. State stakeholders also noted that CDSS has made efforts to strengthen the services array through public private partnerships.</li> </ul> <p><b><u>SYSTEMIC FACTOR: AGENCY RESPONSIVENESS TO COMMUNITY</u></b></p> <ul style="list-style-type: none"> <li>▪ State and county child welfare agencies are highly responsive to input from the community in developing the goals and objectives of the CFSP and have developed councils, task forces, and other organizations to ensure that there are sufficient avenues for community input.</li> <li>▪ Counties have extensive collaboration at the local level with providers and community-based service agencies. To achieve this collaboration, counties have formed local advisory boards, coordinating policy councils, and interagency collaboratives. They have conducted community forums and surveys to obtain valuable input on how to ensure that children and families are better served.</li> <li>▪ Child Welfare Services (CWS) Stakeholders Group, established via legislation in 2000, made recommendations for redesigning the child welfare system to emphasize prevention, early intervention and family support.</li> </ul>	<ul style="list-style-type: none"> <li>▪ CDSS will work with the State Department of Mental Health, County Welfare Directors Association, County Probation Officers Association and County Mental Health Directors Association to improve and expand access to mental health services. In addition, the CDSS will use this work group to improve access to data from the mental health system to ensure that children in in-home cases are linked to the system.</li> </ul>

*The content of this state profile was taken from the CFSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader. Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (11/12/02)	PROGRAM IMPROVEMENT PLAN (10/22/03)
Colorado	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ Reviewers determined that the agency had made diligent efforts to maintain children safely in their homes. The Statewide Assessment notes that the agency's core services and services offered through the Promoting Safe and Stable Families (PSSF) Program provide a range of services to prevent children's placement in out-of-home care.</li> <li>▪ Families received a variety of services including (but not limited to) parenting instruction/classes, in-home services, household management services, counseling, lice treatment, prenatal care for a teenager, mental health evaluations and medication services, domestic violence therapy, anger management classes, intensive therapy, transportation, child care, financial services, and intensive family preservation services.</li> </ul> <p><b><u>SYSTEMIC FACTOR: SERVICE ARRAY</u></b></p> <ul style="list-style-type: none"> <li>▪ The State has in place an array of services that assess the strengths and needs of children and families and determine other service needs, address the needs of families in addition to individual children in order to create a safe home environment, enable children to remain safely with their parents when reasonable, and help children in foster and adoptive placements achieve permanency.</li> <li>▪ Stakeholders commenting on this issue expressed the opinion that there is a wide array of services available statewide and that PSSF and TANF-funded programs have been particularly useful in expanding services to families. For example, stakeholders noted that in one county, PSSF advocates have been a major resource for Latino families with language barriers. In another county, stakeholders commented that the use of TANF funds has increased in-home services four-fold.</li> <li>▪ Some services are not available in all of the rural areas. Families have to travel long distances in rural areas to access services. The agency has the capacity to individualize services to children and families, although in some areas gaps in the service array affect this capacity to some extent.</li> </ul>	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ County Department's will conduct reliable assessments of families open to child welfare to provide them an appropriate array of prevention, support and core services to protect children in their own homes and prevent removal.</li> <li>▪ Safety is the emphasis in the Colorado system. There has been in recent years an increased focus on the provision of early intervention and support for families at risk. Colorado has begun to implement Family to Family and with that initiative is the implementation of the team decision making approach for an immediate safety decision.</li> </ul> <p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>▪ Counties will receive current information on community health resources. Child Welfare, in conjunction with Health Care Policy and Finance, will work with community resources to make available to counties a list of EPSDT sites, community health agencies, and other options available to children in need of health care.</li> </ul> <p><b><u>SYSTEMIC FACTOR: SERVICE ARRAY</u></b></p> <ul style="list-style-type: none"> <li>▪ Colorado has a wide array of services available for families and children. The Core Services Programs, Promoting Safe and Stable Families programs and TANF programs offer a wide array of family support and reunification services. Some county departments have been involved in a managed care project that has allowed them to develop innovative programs that have been responsive to the local need. A Statewide Needs Assessment is conducted every two years to determine service gaps.</li> </ul>

*The content of this state profile was taken from the CFSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader.*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (11/12/02)	PROGRAM IMPROVEMENT PLAN (10/22/03)
Colorado	<ul style="list-style-type: none"> <li>▪ Colorado's Promoting Safe and Stable Families (PSSF) Program is active in 34 counties and the Ute Mountain Ute Indian Reservation. The program provides family support (prevention) activities and family preservation (crisis) services for families and children and is accessed either through the local DHS or the designated fiscal agency within that region. Most common services and activities provided are family advocacy, individual family support plans, support groups, home visitation, flexible funding, respite, parenting classes, mentoring, kinship care certification, family group conferencing facilitation, and referrals to other services.</li> </ul> <p><b><u>SYSTEMIC FACTOR: AGENCY RESPONSIVENESS TO COMMUNITY</u></b></p> <ul style="list-style-type: none"> <li>▪ Stakeholders commenting on this issue reported that local agencies put a great deal of effort into collaborating with State and local agencies, private providers, and other community stakeholders in the planning process. Stakeholders felt that a strong collaborative relationship between child welfare and the Mental Health Assessment and Service agency is lacking. In one of the counties included in the onsite review, stakeholders suggested that collaboration with the juvenile justice system was problematic.</li> <li>▪ With regard to tribal collaborations, stakeholders noted that the Ute Tribes work well with local agencies; the Denver Indian Family Resource Center assists metropolitan counties with ICWA compliance; and the Statewide ICWA taskforce identifies issues and appropriate strategies for collaboration.</li> <li>▪ Colorado's planning for the 2000-2004 CFSP included an extensive community consultation process to ensure the participation of a broad spectrum of public and private agencies, community-based organizations, and parents and youth who have had past or present involvement with the Child Welfare system, as well as representation from culturally diverse populations. The process also included input from representatives of other State and Federally funded programs</li> </ul>	<p><b><u>TRAINING</u></b></p> <ul style="list-style-type: none"> <li>▪ One Factor likely contributing to the high rate of re-entry is: There is a need for after care services for families of children who have been in placement. When looking at areas needing improvement, Colorado's re-entry rate is considerably higher than the national standard and is being addressed. A study of the re-entry population was conducted in October 2001. It was determined that: Youth ages 12 through 17 were more likely to re-enter care. Child's behavior and parental inability to cope are the two most commonly cited reasons for re-entry. The study dispelled thinking that the major issue was premature reunification for the younger population.</li> </ul>

*The content of this state profile was taken from the CFSP final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader.*

Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)

FRIENDS National Resource Center for Community-Based Child Abuse Prevention

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (11/12/02)	PROGRAM IMPROVEMENT PLAN (10/22/03)
Colorado	<p>such as: the Colorado Children’s Trust, homeless youth programs, the Department of Housing, and the Division of Criminal Justice.</p> <ul style="list-style-type: none"> <li>▪ DHS is effective in its efforts to coordinate services with other agencies and organizations. Colorado has used Child Abuse Prevention and Treatment Act (CAPTA) funds to promote coordination across systems and to sponsor training/projects that involve participation of providers from various agencies.</li> <li>▪ DHS has strongly promoted coordination of services with public and private agencies.</li> <li>▪ CAPTA funds are used to support local agencies to form partnerships in the community and the provision of joint technical assistance to and training of local and community agencies and the citizenry.</li> </ul>	

*The content of this state profile was taken from the CFSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader. Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (8/19/02)	PROGRAM IMPROVEMENT PLAN (8/20/03)
Connecticut	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ Stakeholders expressed mixed opinions regarding DCF's effectiveness in preventing the recurrence of maltreatment. Some stakeholders suggested that DCF is effective in preventing recurrence of maltreatment because of its access to a wide array of services for families, particularly intensive family preservation services and targeted or specialized assessments and services.</li> <li>▪ A few stakeholders noted that there are waiting lists for services and sometimes repeat maltreatment may occur while families are waiting to access services.</li> <li>▪ DCF provided services to families while children remained in their homes, that the services provided were sufficient to ensure the children's safety, and that the agency closely monitored the family to assess children's safety. The services provided included, but were not limited to the following mental health evaluation and treatment, parent aides, domestic violence counseling, family therapy, parenting skills education, and intensive home-based family preservation services.</li> <li>▪ Stakeholders were highly positive regarding DCF's use of services to maintain children in their homes, particularly intensive family preservation services and the implementation of parent aides, who are frequently in the home and therefore can monitor safety while providing services.</li> <li>▪ DCF employs a variety of interventions to prevent placement, including Intensive Family Preservation, Emergency Mobile Psychiatric Services and Flexible Funding to address unique family situations that threaten child safety. Families at higher risk for child placement receive priority from DCF in the allocation of intensive services.</li> </ul> <p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>▪ Parents are not routinely involved in the development of the case plan.</li> <li>▪ Many caseworkers do not perceive the development of the case plan as a partnership activity with parents.</li> </ul>	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ Case planning must clearly include the input of families. Families will be encouraged and supported to be an active and collaborative part of the planning process.</li> </ul> <p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>▪ Connecticut Community Kid Care provides a new and innovative way to finance and deliver behavioral health services to children in Connecticut .The long term effects of this initiative should result in increased prevention and earlier intervention efforts that should reduce the need for more protective and juvenile justice services. The comprehensive child and family assessment will identify concurrent plans and family supports.</li> <li>▪ Utilization of this assessment will help identify underlying issues that impact repeat maltreatment, re-entry into care, services to families to prevent removal, reunification/TPR/relative placement, medical/mental health services for children/parents, and overall decision making earlier on in the case.</li> </ul> <p><b><u>SYSTEMIC FACTOR: AGENCY RESPONSIVENESS TO COMMUNITY</u></b></p> <ul style="list-style-type: none"> <li>▪ The Department of Children and Families is committed to the involvement of external stakeholders in the development of its plans, programs, and services. As such, outreach has been made throughout the development of the PIP and is in place to help guide its implementation. Subsequently, a series of community meetings were held to encourage the sharing of ideas and the development of partnerships.</li> </ul>

*The content of this state profile was taken from the CFSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader.*

Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (8/19/02)	PROGRAM IMPROVEMENT PLAN (8/20/03)
Connecticut	<ul style="list-style-type: none"> <li>▪ In one Region, it was noted that DCF is exploring the possibility of piloting a Family Group Decision Making planning model to determine whether that would improve the engagement of families in case planning.</li> <li>▪ Case reviews indicated a lack of consistency with regard to assessing and serving fathers and engaging resistant parents in services.</li> <li>▪ DCF is not consistently providing mental health services to meet the needs of the children and youth served.</li> </ul> <p><b><u>SYSTEMIC FACTOR: SERVICE ARRAY</u></b></p> <ul style="list-style-type: none"> <li>▪ DCF has engaged in extensive coordination with other agencies in developing and implementing the KidCare initiative. According to the Statewide Assessment, DCF maintains Memoranda of Agreement with public agencies such as the Judicial Branch, the Departments of Social Services, Mental Retardation and Mental Health and Addiction Services. There are additional interagency agreements in place with the Departments of Public Health, Labor, Public Safety, Motor Vehicles and Education among others.</li> <li>▪ Coordination between DCF and the DMR is not highly effective. This is particularly problematic because the lack of a continuum of care raises concerns for those children who are about to transition into the community from foster care, but because of mental retardation concerns, they will not be able to transition to self-sufficient adulthood without assistance from the DMR.</li> <li>▪ DCF has access to a wide range of services to assist children and families. Stakeholders had particularly high praise for the Intensive Family Preservation Program. Stakeholders also indicated that the availability of parent aides is a critical asset for DCF.</li> </ul> <p><b><u>SYSTEMIC FACTOR: AGENCY RESPONSIVENESS TO COMMUNITY</u></b></p> <ul style="list-style-type: none"> <li>▪ Both Statewide and Regional Advisory Councils (SAC and RAC) guide DCF in its planning and operation. The State</li> </ul>	

*The content of this state profile was taken from the CFPSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader. Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (8/19/02)	PROGRAM IMPROVEMENT PLAN (8/20/03)
Connecticut	<p>Advisory Council on Children and Families is comprised of nine professionals representing a range of child welfare related disciplines. This panel reviews policy, practice, legislation, finances, and programs and makes recommendations directly to the Commissioner. RACs have 21 members drawn from the consumers and providers in individual regions. The RACs provide a forum for the community to bring local concerns to bear on agency policy and practice. RACs were very effective in representing the communities.</p> <ul style="list-style-type: none"> <li>▪ RACs have had a diminished if not nonexistent role in advising or participating in State level DCF planning efforts. These stakeholders noted that DCF's expectation that RACs are to implement plans that they had no part in developing has caused some friction between DCF and providers.</li> <li>▪ The relationships between DCF and the tribes are positive and there is open communication between the tribes and DCF.</li> </ul>	

*The content of this state profile was taken from the CFSSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader. Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (2/19/02)	PROGRAM IMPROVEMENT PLAN (9/19/02)
District of Columbia	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ In a few cases, there was no formal risk or safety assessment completed by the worker and children were removed without any exploration of placement prevention services when these services may have been appropriate.</li> <li>▪ The case record review found a wide array of placement prevention services are available throughout the District to families in an effort to keep children from being inappropriately removed from their homes.</li> <li>▪ The Agency provided services to families but did not always monitor whether change occurred as a result of the services.</li> <li>▪ Pre-placement preventive services to children and families are provided through several strategic programs.</li> <li>▪ The Agency had only partially provided preventive health care services to meet the child's needs of the in-home cases reviewed.</li> </ul> <p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>▪ The Review identified needs for improvement in all three child well-being outcomes: that families have enhanced capacity to provide for their children's needs, that children receive appropriate services to meet their educational needs, and that children receive adequate services to meet their physical and mental health needs.</li> <li>▪ Workers prepare a detailed service agreement with the family that outlines the birth family's and intensive reunification team members' expectations and states explicit goals and timeframes.</li> <li>▪ The Child and Family Services Agency begins service provision during the investigation phase of a case that is geared to preventing exacerbation of risks to children. The agency provides or refers families to a wide array of services designed to prevent out-of-home placements.</li> <li>▪ Pre-placement preventive services to children and families are provided through several strategic programs including: the use of a community-based service delivery system that includes</li> </ul>	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ CFSA plans to utilize the Healthy Families/Thriving Communities Collaboratives to assist in completing required family visits and review of risk and safety factors in the home.</li> <li>▪ CFSA has not fully utilized its community partners in early intervention efforts that convene family members to identify services to address underlying contributors to abuse/neglect. CFSA plans to expand utilization of the Emergency Assessment Program (EAP) to establish early intervention and community support services to families with children at risk of out-of-home placements. The EAP is a family preservation strategy that deploys social workers to prevent children from entering the child welfare system. Commencing in the summer of 2001 as a Casey initiative, the Return/Diversion program helps prevent the removal of children. The program addresses service needs to prevent children's placement in out-of-District care, and can facilitate their return from out-of-District care. The program accomplishes this by promoting the social functioning and informal support networks of the entire family through a wraparound service model. The program currently serves 30 children, and CFSA is in the process of creating a permanent Return/Diversion Coordinator position in the agency as a commitment to this work.</li> <li>▪ The Healthy Families/Thriving Communities Collaboratives will also assist CFSA in accessing services responsive to the housing, substance abuse, mental health, tutoring, mentoring, social and recreational enrichment needs of children and families.</li> <li>▪ The training curriculum "Dad's Making Changes" is being developed to increase the role fathers play in</li> </ul>

*The content of this state profile was taken from the CFSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader.*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (2/19/02)	PROGRAM IMPROVEMENT PLAN (9/19/02)
<b>District of Columbia</b>	<p>the city's eight Healthy Families/Thriving Communities Collaboratives and the Ferebee Hope Community Services Center; use of the Family Services Program that provides a full spectrum of services, such as parenting classes and housing/homemaker services designed to preserve and support at-risk families.</p> <ul style="list-style-type: none"> <li>▪ When the Family Group Decision-Making process was used, the review found that it was a significant avenue to involve families in case planning.</li> <li>▪ In over half of the cases reviewed child and family involvement in case planning needed improvement.</li> <li>▪ The Agency lacks case management/coordination between family, service providers, foster parents, children, caseworkers, judges, and attorneys.</li> <li>▪ In implementing the provisions of the CFSP, the State engages in ongoing consultation with tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals and objectives of the CFSP.</li> <li>▪ The Agency is increasing consultation and collaboration with service providers. An example of this collaboration is seen in the regular meetings with staff of the Agency and the Department of Mental Health to develop a plan to serve children and families by providing wrap-around and in-home services, crisis intervention, as well as intensive day and rehabilitation services.</li> </ul> <p><b><u>SYSTEMIC FACTOR: AGENCY RESPONSIVENESS TO COMMUNITY</u></b></p> <ul style="list-style-type: none"> <li>▪ The Agency was found to have strengths in the areas of engaging in on-going consultation with consumers, service providers, foster care providers, the court, and other agencies in implementing provisions of the Child and Family Services Plan.</li> <li>▪ The Agency develops annual reports of progress and services</li> </ul>	<p>the planning process. This mandatory training will address the importance of locating fathers, facilitating father and child(ren) visitation, and fathers' inclusion in planning for their children.</p> <ul style="list-style-type: none"> <li>▪ The strategic plan includes promotion of neighborhood-based support services.</li> <li>▪ CFSA is strengthening the support services available to families.</li> </ul> <p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>▪ CFSA's Office of Clinical Practice will be emphasizing increased family involvement and participation in the decision-making and planning process. Family involvement will begin at the intake/investigation stage. Emergency Assessment Program services provided by the Healthy Families/Thriving Communities Collaboratives will employ early intervention efforts to prevent removal of children from their homes through engaging family members in the assessment and service planning process.</li> <li>▪ CFSA is participating in a Deputy Mayor for Children, Youth, Family, and Elders initiative to develop a "Child Safety Net" model that will enhance inter-agency collaboration in service need assessment and provision. CFSA will be developing policy and protocol for clinical case staffing to include a multi-agency approach to assessment and service delivery.</li> </ul>

*The content of this state profile was taken from the CFSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader.*

Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)

**FRIENDS National Resource Center for Community-Based Child Abuse Prevention**

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (2/19/02)	PROGRAM IMPROVEMENT PLAN (9/19/02)
District of Columbia	<p>with input from these stakeholders. The Child and Family Services Agency needs to better coordinate with external agencies such as Medicaid, mental health, and Mental Retardation/Developmental Disabilities providers.</p> <ul style="list-style-type: none"> <li>▪ The Healthy Families/Thriving Communities Collaboratives participate in the agency's annual strategic planning process to provide input in establishing goals and objectives for the following year.</li> <li>▪ Community Collaboratives participate in planning and coordinating local services as specified in the Child and Family Services Plan.</li> <li>▪ Collaboratives have input into establishing goals and objectives for the following year.</li> <li>▪ The agency develops, in consultation with these representatives, annual reports of progress and services delivered pursuant to the CFSP.</li> </ul> <p><b><u>SYSTEMIC FACTOR: SERVICE ARRAY</u></b></p> <ul style="list-style-type: none"> <li>▪ The District provides services in all areas of the City and that these services can be individualized to meet the needs of the children and families served by the Agency.</li> <li>▪ There was a general lack of specific services to meet targeted needs of some of the Agency's clients, especially in terms of substance abuse treatment, mental health services, and housing.</li> </ul>	

*The content of this state profile was taken from the CFSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader. Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (6/25/01)	PROGRAM IMPROVEMENT PLAN (12/20/01)
Delaware	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ The trend towards lower percentages of abuse recurrences is the result of increased attention to safety issues in case management and improvement in the percent of ongoing treatment contacts made on time.</li> <li>▪ In addition to agency provided services, DFS contracts with community-based agencies to provide home-based services to families identified as being at risk of abuse or neglect. Families may be assigned a paraprofessional to assist the family in a variety of ways where there is low risk of abuse and/or neglect. In cases where the risk of abuse and/or neglect is moderate, DFS offers Home Based Family Support Counseling (HBFS). For cases where the risk of abuse and/or neglect is high, DFS offers to clients intensive Home Based Services (IHBS).</li> <li>▪ Case reviews detailed how multiple services were provided to keep children in their own homes.</li> <li>▪ Interviews with parents and case reviews showed that the agency offers a wide array of services such as parent aides and intensive family counseling to prevent unnecessary removal.</li> <li>▪ Case reviews showed that effective informal use of relatives helped stabilize emergency situations.</li> <li>▪ As shown by the case reviews, children were maintained in their own homes through the use of multiple services including wrap-around.</li> </ul> <p><b><u>PERMANENCY</u></b></p> <ul style="list-style-type: none"> <li>▪ DFS has implemented several programs to help prevent unnecessary delays. (1) A “Wrap Around” process in which children and their families (or caregivers) are provided with resources that are needed to help the family stay together. (2) Multi-Disciplinary Treatment Teams (MDT) that are designed to bring together staff from several divisions to formulate a plan to address the child's individual and family needs.</li> </ul>	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ In August, 2001, DFS replaced the risk management tool with the Family Assessment Form (FAF), a practice based instrument to help child welfare practitioners standardize the assessment of family functioning and service planning for families receiving home-based services.</li> <li>▪ Establish better connections to community-based services to enable families to receive after care services.</li> </ul> <p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>▪ DFS will work with contractors to improve the sharing of information both to and from our providers. The Department of Services for Children, Youth and Their Families is a cabinet level department which focuses on services to children and engages families in assessment and planning.</li> <li>▪ Assure full implementation of Directed Case Conferencing, Family Assessment Form and Family Service Plan Process.</li> </ul>

*The content of this state profile was taken from the CFSSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader. Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (6/25/01)	PROGRAM IMPROVEMENT PLAN (12/20/01)
Delaware	<p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>▪ Case reviews documented the use of specialized assessments on sexual abuse, physical health and mental health to identify specific needs of the child and family.</li> <li>▪ The review found that there was broad involvement of families, foster parents and some children in case planning statewide.</li> <li>▪ Workers were found to have good communication with schools; the foster care records reviewed included education information.</li> <li>▪ The Managed Care Organization requires participating primary health care physicians to incorporate the child mental health/substance abuse component of the Early Periodic Screening Diagnosis and Testing screen for youth age's 0-20 years as a required service.</li> <li>▪ Some cases examined showed that workers diligently sought out mental health services for children even when the community had limited providers.</li> </ul> <p><b><u>SYSTEMIC FACTOR: QUALITY ASSURANCE</u></b></p> <ul style="list-style-type: none"> <li>▪ The quality improvement/quality assurance system is designed to provide support to agency staff in making decisions about strengths, areas of need, and actions to achieve improved outcomes. Components of the system include Case Review, Policy Re-Design, Data Development, Continuous Quality Improvement, Accreditation, and Root Cause Analysis.</li> </ul> <p><b><u>SYSTEMIC FACTOR: SERVICE ARRAY</u></b></p> <ul style="list-style-type: none"> <li>▪ Both intact families and families with children in foster care have access to traditional casework services and services including: parent aide services, intensive parent aide services, home-based family support counseling, protective day care, transportation to non-medical appointments which assist families in completing their case plan, diagnostic services &amp; family support groups.</li> <li>▪ There is a wide array of parenting services including parent</li> </ul>	

*The content of this state profile was taken from the CFSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader. Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (6/25/01)	PROGRAM IMPROVEMENT PLAN (12/20/01)
Delaware	<p>aides and parenting classes.</p> <ul style="list-style-type: none"> <li>▪ DYRS has a Multi-System Therapy program that is a statewide home-based diversion service for juveniles.</li> </ul> <p><b><u>SYSTEMIC FACTOR: RESPONSIVENESS TO COMMUNITY</u></b></p> <ul style="list-style-type: none"> <li>▪ DFS works with a number of stakeholder and community groups on a regular basis and these stakeholder groups are included in developing the agency's plan and reviewing the plan for effectiveness.</li> <li>▪ Regular consultation between the State Agency and the Department of Education, child placing agencies, mandated reporters, Family Court, and interagency committees.</li> <li>▪ Overwhelming improvements in the State Agency's responsiveness to the community and consultation with key providers and the Courts.</li> <li>▪ Memorandums of Understanding with law enforcement, education and public health. Increased use of Multi-disciplinary teams is evidence of improved consultation.</li> </ul>	

*The content of this state profile was taken from the CFSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader. Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (4/23/02)	PROGRAM IMPROVEMENT PLAN (4/1/03)
Florida	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ Florida has an array of family preservation services that are designed to (1) help families alleviate crises that may lead to out-of-home placement, (2) maintain the safety of children in their own homes, (3) support families preparing to reunify or adopt, and (4) assist families in obtaining services and other supports necessary to address their multiple needs in a culturally sensitive manner. The services include: Voluntary Family Services (VFS), Protective Supervision (PS); Intensive Crisis Counseling Programs (ICCP), Family Builders, and Housekeeper/Homemaker Services</li> </ul> <p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>▪ Examples of needs and services identified are: parenting skills, day care services, substance abuse program, and tutorial services Examples of needs and services matched are: Section 8 housing, clothing, furniture and play therapy.</li> <li>▪ The lack of available certified Medicaid providers is a continuing problem in terms of the department's ability to provide timely preventive medical care and preventive and identified dental services to children under the care and supervision of the department.</li> <li>▪ The State has implemented four major initiatives to expand availability of health care to all of Florida's children in need of such services: KidCare Medicaid, MediKids, Florida Healthy Kids, and Children's Medical Services Network.</li> <li>▪ There is collaboration between Family Safety, Mental Health and Medicaid around mental health issues for children in foster care and the Juvenile Justice system. The two agencies meet to develop policies and guidelines on how to provide wraparound services and deep-end care for children.</li> </ul> <p><b><u>SYSTEMATIC FACTOR: QUALITY ASSURANCE SYSTEM</u></b></p> <ul style="list-style-type: none"> <li>▪ The State is operating an identifiable quality assurance system that is in place in each of the 15 districts. The State's central office quality assurance monitoring team is responsible for reviews that include evaluating the quality of services,</li> </ul>	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ This plan addresses the timeliness of initiating investigations. This improved performance is due to a Family Safety initiative commenced in June 2001. The initiative included daily identification of investigations not commenced timely and provision of an Investigations Management Guide for supervisors, operations program administrators and district management to ensure district/region/sheriff's office staff were using applicable reports in the Florida Abuse Hotline Information System to track, monitor and take immediate corrective action for those investigations not commenced timely.</li> </ul> <p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>▪ A need for thorough family assessments, which include screening for substance abuse and domestic violence indicators.</li> <li>▪ Revise Judicial Review reporting format, to include detailed information about the child's performance in school, if appropriate for age and/or developmental stage, physical health, dental health, and mental health.</li> </ul> <p><b><u>SYSTEMATIC FACTOR: AGENCY RESPONSIVENESS TO COMMUNITY</u></b></p> <ul style="list-style-type: none"> <li>▪ Develop and conduct a community needs assessment to identify and evaluate availability and accessibility of prevention, support, evaluation, placement, and intervention services statewide and by geographic areas. The needs assessment will also determine resource gaps in all of Florida's 67 counties, some of which are rural.</li> </ul>

*The content of this state profile was taken from the CFSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader. Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (4/23/02)	PROGRAM IMPROVEMENT PLAN (4/1/03)
Florida	<p>identifies strengths and needs of the service delivery system, provides relevant reports and evaluates program improvement measures implemented.</p> <p><b><u>SYSTEMATIC FACTOR: SERVICE ARRAY</u></b></p> <ul style="list-style-type: none"> <li>▪ Healthy Families of Florida is a community-based voluntary primary prevention program that offers services to pregnant women and families of newborns up to three months of age.</li> <li>▪ Additional State-supported prevention services include: Domestic Violence Program; Healthy Families Florida; Local Service Program (employment services); Neighborhood Partnership for Child Protection (Jacksonville project funded with help from the McConnell Clark Foundation); subsidized childcare and related services and Project safety Net (case management and transportation services).</li> </ul> <p><b><u>SYSTEMATIC FACTOR: AGENCY RESPONSIVENESS TO COMMUNITY</u></b></p> <ul style="list-style-type: none"> <li>▪ Community Alliances are in every district that address community-based care issues and established to help with the transition to community-based care (privatization). The Alliances consist of local Sheriff, Chief Judge, Superintendent of the school board, Director of United Way, Guardian ad Litem, Health Care and District Administrators. The Alliances meet and develop by-laws and address child welfare issues such as permanency and well-being in the local community.</li> <li>▪ Strong level of community collaboration has had a positive impact on the deliver of services to families.</li> <li>▪ There is strong collaboration in the community such as regular meetings between DCF and the court, Child Protection Teams, Child Advocacy Centers, and Citizen Review Panels.</li> <li>▪ There is collaboration with the tribes through the representative of the Governor’s Counsel on Indian Affairs and on the local level.</li> </ul>	

*The content of this state profile was taken from the CFSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader.*

Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)

**FRIENDS National Resource Center for Community-Based Child Abuse Prevention**

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (10/10/01)	PROGRAM IMPROVEMENT PLAN (10/1/02)
Georgia	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ Special note was made of the Community Child Protection Collaborative underway in four pilot sites.</li> <li>▪ Family Preservation services have proven effective in reducing the risk of harm to the child. Georgia has very specific policy regarding removal of children from the home in that reasonable efforts should be made to prevent or eliminate the need for removal. Family Preservation Services are provided to families to reduce risk factors contributing to maltreatment and protect safety of children. Family Preservation programs offered by Georgia are: Prevention of Unnecessary Placement (PUP) services, Early Intervention/Preventive Services (initiated in 2000), Parent Aide services and Homestead Services. Parent Aide services are provided to help families by providing in-home and group parenting education with goals of insuring safety and protection of children by improving parenting competency.</li> <li>▪ Parents and case reviews revealed that provision of home-based services such as Homestead and Parent Educator are effective in supporting families; a broad array of services including family counseling, parenting, home organization, alternate forms of child discipline and behavior modification techniques benefit parents and children and often prevent removal.</li> </ul> <p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>▪ Good collaboration with over 100 local agency teams statewide plus a state level team where private and public sector agencies and families come together to staff cases and look at local resources.</li> <li>▪ Good collaboration in the Family Connection Initiative currently in 151 out of the state's 159 counties. The collaborative involves schools, Health and DFCS to focus on specific children's needs.</li> <li>▪ Good collaboration between DFCS and Education. Stakeholders reported good working relationships between</li> </ul>	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ Implement community partnerships for the protection of children in representative counties. Determine whether and if so, how the expansion of prevention and early intervention strategies within communities affects the provision of services, especially those that target mental health, substance abuse and domestic violence.</li> </ul> <p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>▪ Georgia will work in conjunction with the DFCS Economic Support Services Section to assure that families have access to adequate housing, food and income.</li> <li>▪ Provide training to teach methods to promote mandatory parental involvement in case planning.</li> <li>▪ Georgia anticipates that with the new Wrap Around Services and the monitoring of the FP/BP Program, the health needs of a child will improve.</li> <li>▪ Philosophically, it is acknowledged that for there to be an effective response to the overwhelming need for mental health services to children in Georgia's care, there must be a multi-system collaborative approach with defined leadership roles and a unified state vision and capacity-building plan. There must be formal partnerships and recognition that these are "our children" collectively. There must be focused, sustained, unified efforts to decrease fragmentation across agency lines and to build capacity to meet Georgia's growing need for services to children, adolescents, and families in crisis</li> </ul> <p><b><u>SYSTEMIC FACTOR: SERVICE ARRAY</u></b></p> <ul style="list-style-type: none"> <li>▪ Conduct a needs assessment survey of existing support services and distribution to determine gaps in service array and accessibility/distribution of services</li> <li>▪ Take the findings of the needs assessment survey</li> </ul>

*The content of this state profile was taken from the CFSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader.*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (10/10/01)	PROGRAM IMPROVEMENT PLAN (10/1/02)
Georgia	<p>schools and DFCS.</p> <ul style="list-style-type: none"> <li>▪ At the state level, stakeholders reported that the state has capacity for health coverage for all children through Peachcare and Medicaid, and the state is making diligent efforts to get children enrolled in Peachcare. There is a strong partnership between DFCS and the Division of Community Health. The state is increasing the number of children having health screenings as they come into care.</li> <li>▪ CHAMPS is a resource when DFCS needs more extensive services.</li> <li>▪ Intensive family intervention services were just added under Medicaid mental health services.</li> </ul> <p><b><u>SYSTEMATIC FACTOR: SERVICE ARRAY</u></b></p> <ul style="list-style-type: none"> <li>▪ Examples of exemplary services that assessed the strengths and needs of families and children to determine their service needs. These services enabled children to remain safely with their own parents while other services promoted permanency.</li> </ul> <p><b><u>SYSTEMATIC FACTOR: AGENCY RESPONSIVENESS TO COMMUNITY</u></b></p> <ul style="list-style-type: none"> <li>▪ Stakeholders reported that DFCS offices understood the importance of involving community stakeholders in collaborations and partnerships. Efforts in this area included joint training with CPS staff and those of other service providers.</li> <li>▪ Stakeholders reported concerns about a lack of coordination with law enforcement agencies around child abuse or neglect investigations.</li> <li>▪ DHR hosted several statewide forums in order to secure the collaboration of community stakeholders in assessing needs and joint planning. These forums have led to increased collaborations with courts and judges, and better working relationships with community resources.</li> </ul>	<p>and work with providers, stakeholders, and consumers to address the gaps in the service array and develop a continuum of services that is accessible statewide.</p> <ul style="list-style-type: none"> <li>▪ Post on the web a comprehensive directory of local and state service resources.</li> </ul>

*The content of this state profile was taken from the CFCSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader. Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (11/6/03)	PROGRAM IMPROVEMENT PLAN (7/1/04)
Hawaii	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ DHS did not consistently respond to maltreatment reports in accordance with State established time frames. In approximately half of the cases reviewed, DHS did not establish face-to-face contact with the child victim in a timely manner. In addition, in nearly all of those cases, the maltreatment report was classified as “high risk.”</li> <li>▪ Risk of harm is not adequately addressed because caseworkers’ caseloads are too high to permit visitation with children and families that is of sufficient frequency to monitor the child’s safety.</li> <li>▪ DHS was consistent in providing appropriate services to families to protect children in the home and prevent their removal.</li> <li>▪ DHS was less consistent in reducing the risk of harm to children. A primary concern identified pertained to the lack of adequate attention on the part of DHS to potential risk factors in the child’s home or during visitation with parents.</li> <li>▪ While DHS is effective in preventing the placement of children in foster care, this usually involves the voluntary placement of children with relatives rather than the provision of services to families while children remain at home.</li> <li>▪ Accessibility of services and long waiting lists are significant to service participation.</li> <li>▪ DHS uses Ohana family conferencing to work with families to maintain children in the home whenever possible. Ohana conferencing is a family conference model developed in Hawaii for select Child Welfare Services cases.</li> </ul> <p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>▪ The frequency and quality of caseworker contacts with children was not sufficient to ensure their safety or well-being. In most cases, caseworkers typically made contact with children about once every 3 months. In a substantial percentage of cases, when caseworkers did make contact with children, they did not focus on issues pertinent to case</li> </ul>	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ Develop and implement a structured decision-making process to assess the safety and risk of harm to children and needs of children and families throughout the life of the case.</li> <li>▪ Assess and address the needs and services of children and parents through the use of a revised assessment process that links the assessment of safety and risk to the services necessary to strengthen families and address risk factors.</li> </ul> <p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>▪ The Department’s key strategy to address Well-Being is the development and use of the <u>Service and Treatment Record</u> and <u>Treatment Guide</u> for all families to ensure that family members, including children, as appropriate, have input into the ongoing assessment and service planning.</li> <li>▪ Benchmarks for progress and successful completion of items in the <u>Service and Treatment Record</u> will help the family track their progress and enable them to see when they have successfully completed each item/service. The <u>Treatment Guide</u> will be a resource manual containing descriptions of services/service providers that the family and the CWS worker or other provider will use for case management and referral purposes.</li> </ul> <p><b><u>SYSTEMIC FACTORS: QUALITY ASSURANCE</u></b></p> <ul style="list-style-type: none"> <li>▪ DHS will be developing a systematic monitoring and management process of gathering, reviewing and using case practice information from supervisory case reviews and from CFSR-modeled, comprehensive quality case reviews, to achieve a culture of continuous quality improvement integral to a “learning organization” and to measure progress in attaining the improvement goals described in this 2-Year Program</li> </ul>

*The content of this state profile was taken from the CFSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader.*

Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)

FRIENDS National Resource Center for Community-Based Child Abuse Prevention

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (11/6/03)	PROGRAM IMPROVEMENT PLAN (7/1/04)
Hawaii	<p>planning, service delivery and goal attainment.</p> <ul style="list-style-type: none"> <li>▪ DHS makes concerted efforts to effectively assess children’s educational needs and provide appropriate services to meet those needs.</li> <li>▪ DHS is not consistently effective in meeting either the physical or mental health needs of children in both foster care and in-home services cases due to: (1) a lack of consistent attention to ensuring that children receive regular health screenings and routine preventive medical and dental services, and (2) a lack of accessibility of mental health services.</li> </ul> <p><b><u>SYSTEMIC FACTORS: QUALITY ASSURANCE</u></b></p> <ul style="list-style-type: none"> <li>▪ Despite the rules and standards for health and safety being developed and various means of monitoring the safety and well-being, information suggests that the rules and standards and methods from monitoring are not uniformly implemented.</li> </ul> <p><b><u>SYSTEMIC FACTORS: SERVICE ARRAY</u></b></p> <ul style="list-style-type: none"> <li>▪ Several services are readily available in Hawaii to assess the strengths and needs of children and address the identified service needs including, but not limited to, home-based outreach, parenting classes, visitation services, public health nursing, and transitional housing.</li> <li>▪ There are, however, gaps in critical services including, but not limited to, mental health services for children.</li> </ul> <p><b><u>SYSTEMIC FACTORS: AGENCY RESPONSIVENESS TO COMMUNITY</u></b></p> <ul style="list-style-type: none"> <li>▪ The State is highly responsive to input from the community in developing the goals and objectives of the State’s Child and Family Services Plan and that the Citizen Review Panel and other community stakeholder recommendations are incorporated in the State’s Annual Progress and Services Report.</li> <li>▪ There are multiple barriers of communication and collaboration among State agencies.</li> </ul>	<p>Improvement Plan (PIP).</p> <p><b><u>SYSTEMIC FACTORS: SERVICE ARRAY</u></b></p> <ul style="list-style-type: none"> <li>▪ There will be an expansion of contracts for community-based alternate response services which will ensure that clients will not be waitlisted or provided services other than those they need.</li> </ul>

*The content of this state profile was taken from the CFSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader. Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (8/14/03)	PROGRAM IMPROVEMENT PLAN (2/1/04)
Idaho	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ Stakeholders reported that the police and the child welfare agency collaborate in responding to reports and that this collaboration is highly effective.</li> <li>▪ Potential causes for maltreatment recurrence is the lack of thorough initial and ongoing risk assessments and follow up with families in the in-home services cases and when children are reunified. In-home cases are often closed or children are reunified without the agency conducting an appropriate risk assessment on the family and/or ensuring that the family is connected to services.</li> <li>▪ In some cases, assessments focused on the immediate crisis rather than on underlying causes, such as domestic violence and substance abuse. Because substance abuse, particularly methamphetamine abuse, was identified by stakeholders as a major concern in the State, it was suggested that failure to address substance abuse issues in the risk assessment process may result in children being left at home at high risk.</li> <li>▪ Services provided to the families included, but were not limited to, mental health treatment for children and parents, assistance in finding housing, food stamps, economic assistance, daycare referrals, educational services for parents, parenting classes, and intensive in-home family preservation services.</li> <li>▪ Stakeholders in Ada and Nez Perce County reported that there are challenges in working with in-home services cases because they usually are offered on a voluntary basis and workers are not sufficiently trained to engage families in voluntary preventive services.</li> <li>▪ Regions are establishing contracts for intensive home-based services, but most of these are time-limited (90 days) and are not yet fully implemented. At one time, there was a highly effective school-based prevention program in 10 regions. However, the program has been discontinued in 6 of the 10 regions. The loss of this program has had a negative impact</li> </ul>	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ Use risk assessments that are sufficiently comprehensive to identify underlying issues and service needs.</li> <li>▪ Make family involvement a priority in the assessment and planning process.</li> <li>▪ Develop worker skills in interviewing families to assist the worker in conducting a thorough family-centered safety/risk assessment</li> <li>▪ Increase percentage of families receiving services to prevent removal of children from their home while at the same time ensuring their safety.</li> <li>▪ Develop worker skills in engaging parents to work with CFS to lower the risk of child abuse and neglect without court intervention. More attention will be given to the delivery of in-home services to prevent the removal of children from their homes.</li> </ul> <p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>▪ Implement a family group decision making process to develop safety plans and family case plans.</li> <li>▪ Develop and implement strategies to increase local access to dental, vision, hearing, mental health and general physical health for children with an open case.</li> <li>▪ Monitor physical and mental health needs of children in all cases opened for services including in-home cases.</li> </ul> <p><b><u>SYSTEMIC FACTORS: QUALITY ASSURANCE SYSTEM</u></b></p> <ul style="list-style-type: none"> <li>▪ Develop process for obtaining and documenting stakeholder input; i.e., standardized questions/survey for parents, foster parents and judicial partners.</li> </ul> <p><b><u>SYSTEMIC FACTORS: SERVICE ARRAY</u></b></p> <ul style="list-style-type: none"> <li>▪ Develop and implement a plan in each region for improving accessibility to services.</li> </ul>

*The content of this state profile was taken from the CFSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader. Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (8/14/03)	PROGRAM IMPROVEMENT PLAN (2/1/04)
Idaho	<p>on prevention efforts in those 6 regions.</p> <ul style="list-style-type: none"> <li>▪ The agency has implemented family group decision making procedures as part of efforts to prevent placement of children and the State has requested that the Regions contract for this service if they cannot provide it in-house.</li> <li>▪ Implementation of family group decision making has not been completed in all Regions.</li> </ul> <p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>▪ State law requires family involvement in case planning and that the State is in the process of implementing some form of family group decision making in all Regions. The State has asked the Regions to contract with private providers to implement family group decision making if they cannot do it in-house.</li> <li>▪ Lack of family involvement in case planning may be attributed in part to the case plan format that is described as “not family-friendly” and not useful for in-home services cases.</li> <li>▪ There has been an improvement in the agency’s ability to assess mental health needs and providers services because of recent collaboration efforts undertaken by children’s mental health and child welfare programs in the county.</li> </ul> <p><b><u>SYSTEMIC FACTORS: SERVICE ARRAY</u></b></p> <ul style="list-style-type: none"> <li>▪ There are many barriers to accessing the State’s extensive array of services, and the State is not effective in identifying and meeting the individual needs of children and families.</li> <li>▪ There is an array of services designed to prevent the removal of the child or facilitate the safe return of the child to the family within a reasonable time frame (usually the first 15 months of foster care). Examples of available services provided both in-house and by contract, include: In-home and office-based parent education; Individual, group and family counseling; Mental health services including psychosocial rehabilitation services provided in the child’s home during reunification; Domestic violence services; Parent aides; Supervised visitation; Family Preservation Services in the form of</li> </ul>	<ul style="list-style-type: none"> <li>▪ Assure parents have access to adult mental health services.</li> <li>▪ Develop and implement a standard for effective service delivery incorporating model and methods for rural areas.</li> </ul>

*The content of this state profile was taken from the CFSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader. Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (8/14/03)	PROGRAM IMPROVEMENT PLAN (2/1/04)
Idaho	<p>intensive, in-home therapeutic services; Expedited Section 8 certificates for housing so children have a home to return to at reunification; Community Resources for Families Program (CRFP), an effective school- based program of preventive services; and Transportation to services.</p> <ul style="list-style-type: none"> <li>▪ Regions have been able to use Promoting Safe and Stable Families (PSSF) funds to develop local resources.</li> <li>▪ Stakeholders in Nez Perce County had praise for the ability of the agency to individualize services to families. They identified wrap around services, TAP services offered by Casey Family Program, and the coordination and collaboration among partners as the primary reasons for the agency's effectiveness in individualizing services.</li> </ul> <p><b><u>SYSTEMIC FACTORS: AGENCY RESPONSIVENESS TO COMMUNITY</u></b></p> <ul style="list-style-type: none"> <li>▪ IDHW brings together representatives from Idaho's six tribes to meet as the Indian Child Welfare Committee.</li> <li>▪ The State coordinates services under the CFSP and has established partnerships with many other State and community organizations, including the Department of Education and school districts, Children's Mental Health, Juvenile Correction, Casey Family Program, five local universities, and Tribes.</li> <li>▪ On a regional and statewide level IDHW partners with Idaho's universities, the Foster Parent Association, the statewide Child Mortality Review Team, legislators, Idaho's Kinship Coalition, Idaho Children's Trust Fund, and any others who are involved in preventing child abuse or neglect.</li> </ul>	

*The content of this state profile was taken from the CFSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader. Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (2/14/04)	PROGRAM IMPROVEMENT PLAN (12/10/04)
Illinois	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ DCFS attempts to maintain children in the home whenever possible, conducts a thorough assessment of risk, and offers an array of services to prevent removal.</li> <li>▪ Services provided to the families included, but were not limited to the following: Mental health services; developmental therapy for children; medical assessments and treatment; domestic violence interventions including safety plans and anger management; parenting education classes; family preservation services; day care; financial assistance; transportation, particularly to facilitate visitation; housing advocacy; and school advocacy.</li> <li>▪ Implementation of Child Endangerment Risk Assessment Protocol (CERAP) has resulted in greater use of intact family/in-home services. Other efforts identified in the Statewide Assessment as being designed to prevent removal of children from the home include: (1) Family Centered Services, which provides prevention services throughout the State through community-based Local Area Networks; (2) the Community-Based Family Resource and Support initiative, which supports the development, operation, and expansion of a network of community-based and prevention-focused family resource and support programs; and (3) the Citizen-to-Citizen initiative that makes use of State tax check-off funds to support additional community-based services.</li> </ul> <p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>▪ Some stakeholders indicated that initial assessments are effective and services are provided early in the case.</li> <li>▪ DCFS generally is effective in meeting children’s health needs with regard to both prevention and treatment services. Stakeholders noted that many children are connected to services through the HealthWorks system, which is a health system offered to DCFS-involved children through a collaboration among DCFS, local hospitals, and doctors.</li> </ul>	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ The Department expects the Integrated Assessment Program (IAP) to impact performance in items throughout virtually all outcomes within safety, permanency and well-being as well as the systemic factors of case review and service array.</li> <li>▪ The IAP will improve the Department’s capacity to address not only critical safety and risk factors, but also necessary medical, developmental, behavioral, and emotional needs of the children.</li> <li>▪ Family Prevention/Support Services are community-based, preventive activities designed to alleviate stress and promote parental competencies and behaviors that will increase the ability of families to successfully nurture their children; enable families to use other resources and opportunities available in the community; and supportive networks to enhance child rearing abilities of parents and help compensate for the increased isolation and vulnerability of families.</li> <li>▪ The Family Centered Services (FCS) Initiative is considered a key initiative in the Illinois PIP since its primary goals are to maintain families safely in their homes, schools and communities as well as to deflect families from entering the States’ child protection system.</li> <li>▪ The FCS Initiative consists of several programs leveraged to provide a comprehensive array of traditional and non-traditional services. The FCS programs enhance the capacity of DCFS to build a community-based infrastructure for service delivery.</li> </ul> <p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>▪ DCFS’ is participating in Illinois’ Children’s Mental Health Partnership to ensure that children’s emotional, mental health, and behavioral needs are thoroughly assessed and appropriate services are</li> </ul>

*The content of this state profile was taken from the CFSSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader.*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (2/14/04)	PROGRAM IMPROVEMENT PLAN (12/10/04)
Illinois	<p><b><u>SYSTEMIC FACTORS: QUALITY ASSURANCE SYSTEM</u></b></p> <ul style="list-style-type: none"> <li>▪ Illinois has a comprehensive Statewide QA system that is among the few accredited by the Council on Accreditation of Services for Families and Children.</li> </ul> <p><b><u>SYSTEMIC FACTORS: SERVICE ARRAY</u></b></p> <ul style="list-style-type: none"> <li>▪ There is considerable variation in the services available through the various Local Area Networks.</li> <li>▪ The DCFS assessment process was not consistently effective in identifying the unique needs of children and families.</li> <li>▪ Although the State allocates significant resources to services, the level of existing services does not meet the needs.</li> </ul> <p><b><u>SYSTEMIC FACTORS: AGENCY RESPONSIVENESS TO COMMUNITY</u></b></p> <ul style="list-style-type: none"> <li>▪ The State engages in ongoing consultation with a wide range of stakeholders in developing the Child and Family Services Plan and that many stakeholders have significant input into the agency's Annual Reports of Progress and Services. In addition, the CFSR identified several substantial efforts on the part of DCFS to coordinate services with other Federal or federally-funded programs serving the same population.</li> <li>▪ DCFS has multiple methods of responding to community issues and concerns. These include the Regional advisory committees; six DCFS Regional Youth Advisory boards (RYAB'S) and a DCFS Statewide Youth Advisory Board (SYAB); the Family-Centered Services (FCS) Initiative Steering Committee; the Children and Family Services (CFS) Advisory Council and the Child Welfare Advisory Committee (CWAC); the One Church, One Child Advisory Board; the Statewide Foster Care Advisory Council; the African-American Family Commission (AAFC); and the Latino Consortium.</li> <li>▪ The purpose of these collaborative efforts is to ensure consistency, accessibility, accountability and the efficient use of services and resources.</li> </ul>	<p>received and monitored.</p> <ul style="list-style-type: none"> <li>▪ Involvement in this multiple systems partnership will also allow for easier access to mental health services for intact families and potentially reduce the number of children taken into care as these families will be able to receive comprehensive services through various community providers.</li> </ul> <p><b><u>SYSTEMIC FACTORS: SERVICE ARRAY</u></b></p> <ul style="list-style-type: none"> <li>▪ On an annual basis, the state will assess its current service array needs and available resources and adjust provider contracts as necessary to ensure a full array of appropriate services exist – based on the current needs of the child welfare population – and waiting lists are reduced.</li> <li>▪ Contracts will also be restructured to increase the number of in-home providers and allow for flexibility in funding so that there can be continuity of care when children and families transition to different services and providers.</li> </ul>

*The content of this state profile was taken from the CFSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader. Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (1/8/02)	PROGRAM IMPROVEMENT PLAN (8/30/02)
Indiana	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ The State focuses on the prevention of maltreatment through Healthy Families Indiana, Hoosier Healthwise, and First Steps.</li> <li>▪ The title IV-E waiver allows DFC to put services in place to prevent children's removal from the home and to provide services to families that would otherwise not be eligible to receive these services.</li> <li>▪ Many and varied services were promptly initiated to prevent the removal of children from their homes. These services included wrap-around and in-home (services); individual therapy; parent assessments; Women, Infants &amp; Children (WIC); Head Start; Temporary Assistance to Needy Families (TANF); child care; and Medicaid.</li> <li>▪ Coordinated family-centered and child-focused preservation, prevention and wrap-around services were effective in preventing subsequent maltreatment and in keeping the children in the home. (source: case reviews)</li> <li>▪ DFC collaborated extensively with community partners to monitor safety and risk to children. Community partners were educated on how CPS operates and how to receive assistance and when. (source: case reviews).</li> </ul> <p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>▪ There is a wide array of individualized services available in almost all jurisdictions.</li> <li>▪ Needs were identified through many different types of assessments.</li> <li>▪ Some localities utilize family group conferencing as a mechanism to engage children and parents in case planning. In these sites, children were involved in case planning without arbitrary rules establishing age or developmental limits.</li> <li>▪ The State has several early intervention and prevention programs.</li> <li>▪ Services were provided to meet identified health needs.</li> <li>▪ In many instances, individualized mental health needs of</li> </ul>	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ Continue to support community-based services as well as expedite the initiation of services once a referral to our agency has been made.</li> <li>▪ Enhance training on case planning to give staff the skills to engage families and utilize assessments more effectively in determining appropriate objectives and services for the child.</li> </ul> <p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>▪ Enhance current policy on case planning to require case plans to be developed at formal case conferences with all parties participating and focusing on child-specific issues.</li> </ul>

*The content of this state profile was taken from the CFSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader. Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (1/8/02)	PROGRAM IMPROVEMENT PLAN (8/30/02)
Indiana	<p>children and their families were being addressed and appropriate mental health referrals were made.</p> <p><b><u>SYSTEMIC FACTORS: QUALITY ASSURANCE SYSTEM</u></b></p> <ul style="list-style-type: none"> <li>▪ All Indiana counties have now undergone quality assurance reviews that include the development of action plans to address any problems identified during the reviews.</li> <li>▪ DFC developed an annual Child Protection plan with input from LEA, prosecutor, schools, hospitals and mental health providers describing protocols for coordination of services. The review of the document via public hearing was mandated.</li> </ul> <p><b><u>SYSTEMIC FACTORS: SERVICE ARRAY</u></b></p> <ul style="list-style-type: none"> <li>▪ There was a wide array of flexible services available that had the capacity to meet the individual needs of children and families.</li> <li>▪ There are statewide community-based wrap-around services available through a title IV-E waiver demonstration.</li> <li>▪ Step Ahead is a comprehensive, statewide process that provides a coordinated approach to deliver needed services to individuals, children and families in their communities.</li> </ul> <p><b><u>SYSTEMIC FACTORS: AGENCY RESPONSIVENESS TO COMMUNITY</u></b></p> <ul style="list-style-type: none"> <li>▪ Collaboration is a major strength of the DFC.</li> <li>▪ CA&amp;N Prevention Councils include information on services provided by DFC.</li> <li>▪ DFC works closely with Head Start, Food Stamps, Public Housing and other federally assisted programs.</li> <li>▪ DFC staff serve on numerous committees including Step Ahead Councils, the First Steps program for the developmentally delayed, the legislatively mandated multidisciplinary Early Intervention program, the CPT and the Healthy Families efforts.</li> <li>▪ In one locality, DFC is re-locating staff into the communities to better partner with community-based service providers.</li> </ul>	

*The content of this state profile was taken from the CFSSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader. Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (10/14/03)	PROGRAM IMPROVEMENT PLAN (8/1/04)
Iowa	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ The agency has an extensive array of services to prevent repeat maltreatment, including immediate crisis intervention services and in-home counseling.</li> <li>▪ Case reviewers determined that DHS was effective in providing appropriate services to families to protect children in the home and prevent their removal.</li> <li>▪ The agency's assessment of risk is not sufficiently comprehensive to capture the underlying problems in the family, particularly mental health issues.</li> <li>▪ There is a large array of preventive and home-based services available to prevent children's removal from their homes.</li> <li>▪ Stakeholders expressed concern about the scarcity of substance abuse treatment services for parents and of services to support relative caregivers.</li> <li>▪ Recent budget cuts will impact DHS' ability to provide services, particularly home-based services to families.</li> </ul> <p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>▪ The frequency of face-to-face contact between DHS caseworkers and the children and parents in their caseloads was determined to be insufficient to meet the needs of children or to effectively promote attainment of case goals.</li> <li>▪ The agency's use of some form of family group decision making in the case-planning process resulted in greater involvement of parents and children in the case planning process.</li> <li>▪ Caseworkers were not using this format on a consistent basis, primarily because of their excessively high caseloads.</li> <li>▪ State-level stakeholders reported that family group decision making is strong in some sites, particularly those that are Community Partnership sites, and that the State has made training in family group decision making available for the last 5 years.</li> <li>▪ There is a positive and productive collaboration between DHS and the schools, which allows the agency to be effective in</li> </ul>	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ Expand Community Partnerships for the Protection of Children [CPPC] to an additional 30 counties in Iowa and continue steps necessary for expansion statewide.</li> <li>▪ This strategy would involve contracting with private providers to serve children and families who have been referred to the child welfare system, but who are at lower risk for repeat maltreatment. Families who are determined to be at lower risk but have identified service needs will have the opportunity to access the appropriate community services without a continuing open case through DHS.</li> <li>▪ Implement a functional assessment of the family statewide that includes existing assessments, both informal and formal, and contains the current strengths, needs and risks of the child and family. The assessment will identify the critical underlying issues that must be resolved for the child to live safely inside his/her family independent of outside supervision.</li> </ul> <p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>▪ One Family – One Plan is a process that supports and is consistent with Family Team Decision Making. When families are involved with multiple agencies or systems, this process allows the Family Team to share common goals and activities in a way that ensures their alignment and coherence as a plan – a plan that makes sense to the family. Once the assessment is completed with the family, a family plan is developed that brings together the best thinking of all of the team members (including the family) involved in the process.</li> <li>▪ DHS currently has initiatives underway to increase participation in the food assistance program,</li> </ul>

*The content of this state profile was taken from the CFSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader. Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (10/14/03)	PROGRAM IMPROVEMENT PLAN (8/1/04)
Iowa	<p>meeting children’s educational needs.</p> <ul style="list-style-type: none"> <li>▪ DHS is effective in meeting the children’s physical needs.</li> <li>▪ There are widespread difficulties finding Medicaid providers for dental services and vision care.</li> </ul> <p><b><u>SYSTEMIC FACTORS: SERVICE ARRAY</u></b></p> <ul style="list-style-type: none"> <li>▪ Recent and severe budget cuts have resulted in significant reductions in the service array, leading to a number of critical services either being eliminated or sharply reduced.</li> <li>▪ Services are not routinely meeting the diverse needs of the children and families, primarily because the flexibility in designing services to meet individual needs has been significantly reduced due to budget cuts.</li> <li>▪ There are sufficient in-home services to prevent placement.</li> <li>▪ Significant gaps remain in the kinds of services needed to promote reunification or enhance children’s well-being.</li> </ul> <p><b><u>SYSTEMIC FACTORS: AGENCY RESPONSIVENESS TO COMMUNITY</u></b></p> <ul style="list-style-type: none"> <li>▪ The CFSR found that the State child welfare agency engages many partners in the development and implementation of the goals and objectives of the CFSP and maximizes opportunities to coordinate with Federal and federally assisted service programs.</li> <li>▪ The CFSR also determined that there is a need for DHS to be more inclusive of Tribes in planning its goals and activities.</li> <li>▪ Stakeholders reported that there was much collaboration with the Masquakie Settlement and the Native American Settlement in Sioux-Woodbury County in the development of the CFSR Statewide Assessment and the passage of an Indian Child Welfare Act which was passed by the Iowa General Assembly in 2003. Staff from DHS meets quarterly with the Community Initiative for Native American Children. Native Americans also are a part of the CFSR Program Improvement Plan team.</li> </ul>	<p>Medicaid, and HAWK-I children’s health insurance program. These programs help to strengthen families and improve child safety and well-being.</p> <p><b><u>SYSTEMIC FACTORS: SERVICE ARRAY</u></b></p> <ul style="list-style-type: none"> <li>▪ A service array that assesses the strengths and needs of children and families and determines other service needs, addresses the needs of families in addition to individual children in order to create a safe home environment, enable children to remain safely with their parents when reasonable, and helps children in foster and adoptive placements achieve permanency.</li> <li>▪ Expand Community Partnerships for the Protection of Children [CPPC] to an additional 30 counties in Iowa and continue steps necessary for expansion statewide.</li> <li>▪ The use of substances in Iowa is one of the most paralyzing maladies for families. DHS will formalize partnership around substance abuse and other public health issues through the negotiation of Memorandums of Agreement at both the state and the service area levels.</li> </ul> <p><b><u>SYSTEMIC FACTORS: AGENCY RESPONSIVENESS TO COMMUNITY</u></b></p> <ul style="list-style-type: none"> <li>▪ Community Partnerships for Protecting Children (CPPC)</li> </ul>

*The content of this state profile was taken from the CFSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader. Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (9/17/01)	PROGRAM IMPROVEMENT PLAN (9/16/02)
Kansas	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ SRS has collaborated with educators in developing protocols for reporting and investigating reports of child abuse and neglect. The schools work closely with SRS to provide training on issues of identification and reporting abuse and neglect.</li> <li>▪ Assessments of risk appeared to be appropriate. Family Preservation Services were utilized in cases where there did not appear to be imminent risk of removal. Services provided helped to stabilize families and reduce risk.</li> <li>▪ Family preservation is one of the strengths of the Kansas child welfare program. Family preservation services are frequently utilized for families experiencing isolated abuse/neglect incidents, families that have concrete needs or where there is parental incapacitation. SRS staff also use family preservation services to serve as ‘an extra pair of eyes on a case’ to ensure a family does not have underlying issues of child endangerment undetected during an investigation.</li> </ul> <p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>▪ Family Based Assessments were being completed with parental involvement.</li> <li>▪ The State has developed a Child Well-being status report. This is completed at six-month intervals to coincide with the case planning conference. The report tracks service needs and progress.</li> <li>▪ In most cases, the major needs of parents, children and foster parents were addressed through appropriate services. In some cases, extra efforts were being made to provide services that were outside the “normal” array of services for the identified problems.</li> <li>▪ SRS utilizes Early Child Care and Head Start in their educational and developmental services to children.</li> <li>▪ Medical issues were addressed in in-home cases even though this was not identified as a presenting problem.</li> <li>▪ Kan Be Healthy exams are conducted regularly.</li> <li>▪ There is follow-up on identified medical needs.</li> </ul>	<p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>▪ Develop and implement the Child Welfare/Mental Health Initiative. Assemble a workgroup that includes representatives from the Division of Mental Health and Developmental Disabilities, community mental health providers, and area and contract staff. Identify mental health service needs and placement gaps.</li> <li>▪ Evaluate the necessity for continuing mental health services with a particular provider.</li> <li>▪ Develop and implement family-centered group conferencing.</li> <li>▪ Develop and implement a plan for increasing the number of dental care providers.</li> </ul>

*The content of this state profile was taken from the CFSSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader. Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (9/17/01)	PROGRAM IMPROVEMENT PLAN (9/16/02)
Kansas	<p><b><u>SYSTEMIC FACTORS: SERVICE ARRAY</u></b></p> <ul style="list-style-type: none"> <li>▪ Kansas provides an array of services, including intensive in-home services, delivered directly by SRS field staff, by contractual agreements and grants.</li> <li>▪ Community mental health centers are available to every family in the state.</li> <li>▪ Prevention/early intervention efforts have been enhanced through the use of flex funds and the capacity to prioritize funding for community services.</li> <li>▪ Family preservation services contractors are meeting or exceeding outcomes. SRS is engaged in a variety of collaborative initiatives in an effort to improve service delivery.</li> </ul> <p><b><u>SYSTEMIC FACTORS: AGENCY RESPONSIVENESS TO COMMUNITY</u></b></p> <ul style="list-style-type: none"> <li>▪ SRS has a strong track record of collaborative efforts with both local and statewide partners.</li> <li>▪ Kansas values its relationship with the four Tribes (Sax and Fox, Prairie Band Potawatomi, Iowa of Kansas and Nebraska, and Kickapoo). SRS attends government to government meetings with tribal leadership. SRS has met at least annually with tribal leadership.</li> <li>▪ SRS works collaboratively with law enforcement, district attorneys, mental health, medical professionals, and the schools to protect children from maltreatment, both locally and on a statewide basis.</li> <li>▪ Kansas has demonstrated leadership in coordinating services and programs to improve collaboration, decrease duplication, expand resources and improve effectiveness.</li> <li>▪ Family preservation contractors are part of the primary community collaboration.</li> </ul>	

*The content of this state profile was taken from the CFSSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader. Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (6/2/03)	PROGRAM IMPROVEMENT PLAN (9/1/03)
Kentucky	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ Kentucky implemented a differential approach to maltreatment in June 2001. Under this approach, reports of child maltreatment do not require investigation and are assigned to Families In Need of Services (FINS) rather than an investigative track.</li> <li>▪ Primary risks of harm to children have been traced to the problems of substance abuse and domestic violence. Awareness of these problems led to the development of the Domestic Violence and Substance Abuse Linkage Project and the Targeted Assessment Project, which addresses mental health issues as well. The Statewide Assessment suggested that these initiatives will improve the Cabinet's effectiveness in managing risk of harm to children.</li> <li>▪ Specific services cited as particularly effective in keeping families together were family preservation programs, the Family-to-Family program, facilitated staffing, and family group conferencing.</li> </ul> <p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>▪ The Cabinet is effective in assessing the service needs of families. Stakeholders attributed this to the ongoing Continuous Quality Assessment (CQA) that has become standard practice within the Cabinet.</li> <li>▪ The Cabinet's facilitated staffing program (similar to family group decision making) promotes parent involvement in case planning, although it is not available to all families.</li> <li>▪ The Cabinet was highly effective in meeting children's physical health needs. Medical and dental services were accessible to the children on a routine preventive basis as well as when needed.</li> <li>▪ There is a scarcity of mental health services in some areas of the State and poor quality of some of the mental health services that are available.</li> </ul>	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ Refine/integrate family engagement skills and family team meeting (FTM ) skills into Policy &amp; Procedures training curriculum.</li> <li>▪ Develop and pilot a resource coordination process to facilitate matching needs and services.</li> </ul> <p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>▪ Develop and pilot a resource coordination process to facilitate matching needs and services.</li> <li>▪ Family Team meetings at the opening of all new ongoing cases.</li> </ul> <p><b><u>SYSTEMIC FACTORS: SERVICE ARRAY</u></b></p> <ul style="list-style-type: none"> <li>▪ DCBS and Department for Mental Health/Mental Retardation Management staff collaborate to address service array issues for families and children.</li> <li>▪ Complete community needs assessment.</li> </ul>

*The content of this state profile was taken from the CFSSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader. Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (6/2/03)	PROGRAM IMPROVEMENT PLAN (9/1/03)
Kentucky	<p><b><u>SYSTEMIC FACTORS: SERVICE ARRAY</u></b></p> <ul style="list-style-type: none"> <li>▪ There is a broad array of services to meet the individualized needs of families and children in Kentucky including, but not limited to: Comprehensive Family Services (CFS), which offer individualized, community-based, wraparound services; Family preservation services, which are available 24 hours per day; and home visitation services designed to increase parental capacity.</li> </ul> <p><b><u>SYSTEMIC FACTORS: AGENCY RESPONSIVENESS TO COMMUNITY</u></b></p> <ul style="list-style-type: none"> <li>▪ The Cabinet has strong collaborations with external stakeholders on the State and local levels and is effective in ensuring the coordination of services with other agencies.</li> <li>▪ The Cabinet has close working relationships with community partners, courts, schools, and service providers, and engages families, foster parents, staff and community agencies in the customer satisfaction process. Stakeholders said that the Cabinet’s VISION communities play an important role in establishing consultation with community partners.</li> </ul>	

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (2/9/04)	PROGRAM IMPROVEMENT PLAN (10/1/04)
Louisiana	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ Louisiana has implemented an Assessment Model Approach in two Parishes: Orleans and Jefferson. The Statewide Assessment suggests that this model is an effective tool for minimizing and/or eliminating repeat maltreatment and notes that the model's use in Orleans Parish in 2001 resulted in 83 percent of assessed cases having no subsequent referrals/reports for investigation/assessment.</li> <li>▪ Services provided to the families included, but were not limited to: homemakers; parent aides; intensive in-home services, including in-home therapy; mental health assessments including psychological evaluations; mental health services; and family preservation services.</li> <li>▪ OCS/DSS makes concerted efforts to provide services to families to prevent children's removal from their homes and services are available to meet this objective.</li> <li>▪ Louisiana provides multiple-component services including family-based in-home services, protective service day care, homemaker services, temporary voluntary out-of-home placement, preventive services for at-risk populations, access to preventive assistance fund, LIHEAP, preventive family services, access/referral to a Statewide network of 19 child welfare family resource centers, family preservation and support services.</li> <li>▪ OCS/DSS is not consistently effective in its efforts to protect children while they remain in their homes. The primary concern identified was that OCS/DSS does not provide the necessary services to ensure the child's safety.</li> </ul> <p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>▪ OCS/DSS makes concerted efforts to ensure caseworkers' contacts with children are of sufficient frequency and quality to meet their needs and ensure their safety and well-being.</li> <li>▪ OCS/DSS is not consistent in its efforts to meet the service needs of children and families, involve parents and children in case planning, and ensure sufficient contacts between</li> </ul>	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ Seek additional funding to expand promising practices such as Family Group Decision Making and Project LASAFE, in order to improve the effectiveness of its interventions in child welfare cases.</li> <li>▪ Develop a workgroup comprised of agency and state resource center staff to address effectiveness/accessibility of Louisiana resource centers.</li> <li>▪ Provide a more comprehensive assessment and service delivery through inclusion of nursing support services.</li> </ul> <p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>▪ Strengthen Family Services program assessments to better target interventions.</li> <li>▪ Assess and strengthen contracted in-home psychotherapy services to prevent foster care placement and to reduce time to reunify.</li> <li>▪ Expand Family Group Decision Making pilot.</li> <li>▪ Revise policy providing more specific guidance on involvement of parents and children and on better documentation of that involvement in the case records to help staff focus their attention to that issue.</li> <li>▪ Maximize service delivery to children to better meet their mental health needs.</li> </ul>

*The content of this state profile was taken from the CFSSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader.*

Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)

FRIENDS National Resource Center for Community-Based Child Abuse Prevention

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (2/9/04)	PROGRAM IMPROVEMENT PLAN (10/1/04)
Louisiana	<p>caseworkers and parents.</p> <ul style="list-style-type: none"> <li>▪ OCS/DSS' collaboration with the health agency and various physical health programs has had positive results for both initial medical assessments and routine check-ups.</li> <li>▪ A key concern is the lack of accessibility of mental health services.</li> </ul> <p><b><u>SYSTEMIC FACTORS: SERVICE ARRAY</u></b></p> <ul style="list-style-type: none"> <li>▪ Louisiana has an array of services that assess the strengths and needs of children and families, address the needs of families in addition to individual children in order to create a safe home environment, enable children to remain safely with their parents when reasonable.</li> <li>▪ Services can be individualized to meet the unique needs of children and families.</li> <li>▪ Not all services are accessible to families and children in all political jurisdictions covered in the Louisiana Consolidated CFSP.</li> <li>▪ OCS/DSS has access to flexible funding sources for individualized services (e.g., using Reunification Assistance Funds to pay for rent, utilities, clothing, food, and housing repairs).</li> <li>▪ Wraparound services are available through the Interagency Service Coordination Team, which has benefited children with special needs</li> </ul> <p><b><u>SYSTEMIC FACTORS: AGENCY RESPONSIVENESS TO COMMUNITY</u></b></p> <ul style="list-style-type: none"> <li>▪ Louisiana engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child and family-serving agencies, and includes the major concerns of these representatives in the goals and objectives of the Consolidated CFSP.</li> <li>▪ Consolidated CFSP services are coordinated with services or benefits of other Federal or federally assisted programs serving the same population.</li> </ul>	

*The content of this state profile was taken from the CFSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader.*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (2/9/04)	PROGRAM IMPROVEMENT PLAN (10/1/04)
Louisiana	<ul style="list-style-type: none"> <li>▪ OCS/DSS is a leader and willing partner in collaborations at the State and local level, proactively tapping various community resources and networks to provide training and integrate services.</li> </ul>	

*The content of this state profile was taken from the CFSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader. Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (10/27/03)	PROGRAM IMPROVEMENT PLAN (8/3/04)
Maine	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ BCFS is not consistent in providing appropriate services to families to protect children in the home and prevent their removal, and is not consistently effective in reducing the risk of harm to children.</li> <li>▪ Services provided to the families included, but were not limited to: support groups, parenting education classes, parenting capacity evaluations, in-home services, and day care.</li> <li>▪ BCFS attempts to stabilize families in crisis through the provision of home-based family preservation services and child and family support programs that range in duration and intensity.</li> <li>▪ New funding to develop and expand home based services to prevent removal was recently rescinded.</li> <li>▪ The object for Maine is to investigate abuse and/or neglect allegations and use the Community Intervention Programs (CIP) to provide in-home placement prevention and post-reunification services.</li> </ul> <p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>▪ The most significant concern is the lack of face-to-face contact between caseworkers and children in their caseloads. The frequency and quality of worker contacts with children was not sufficient to ensure their safety or well-being.</li> <li>▪ BCFS is effective in meeting the children's health needs, both for preventive services and treatment when necessary.</li> <li>▪ Various interagency agreements and protocols are in place to access services and coordinate care.</li> </ul> <p><b><u>SYSTEMIC FACTORS: QUALITY ASSURANCE SYSTEM</u></b></p> <ul style="list-style-type: none"> <li>▪ Regarding the case review system, information indicates that case plans are not routinely developed in collaboration with parents.</li> </ul> <p><b><u>SYSTEMIC FACTORS: SERVICE ARRAY</u></b></p> <ul style="list-style-type: none"> <li>▪ Although there is a wide array of services in place, there are service gaps in key areas that affect the achievement of</li> </ul>	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ Re-align and increase services statewide to better meet the needs of children and families.</li> <li>▪ Give BCFS staff responsibility of doing the initial assessments rather than assigning assessment of the low to moderate level of risk cases to the Community Intervention Program.</li> </ul> <p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>▪ Following an assessment of available services statewide and determining areas of need, the Bureau will work with providers to try to fill those gaps. Fiscal restraints will no doubt continue for some time and will prevent development of all the services that might be needed.</li> </ul> <p><b><u>SYSTEMIC FACTORS: QUALITY ASSURANCE SYSTEM</u></b></p> <ul style="list-style-type: none"> <li>▪ Broaden family involvement from report to the best outcome for children and families.</li> <li>▪ Quality Assurance will establish a baseline and monitor activity regarding child and/or family involvement in case plans, family plan and family reviews. Parents and, when appropriate, children will sign off on their case plans to indicate that they were involved.</li> <li>▪ QA will continue to improve focus on safety, permanency and well-being outcomes for children and their families.</li> </ul> <p><b><u>SYSTEMIC FACTORS: SERVICE ARRAY</u></b></p> <ul style="list-style-type: none"> <li>▪ BCFS will identify existing services statewide, noting areas and populations served, gaps in services, and unmet needs as identified by district offices. Once mapping of services is completed and needs identified, discussion can begin with providers to determine the next steps, which may include expansion of a service area, making adjustments in</li> </ul>

*The content of this state profile was taken from the CFSSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader.*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (10/27/03)	PROGRAM IMPROVEMENT PLAN (8/3/04)
Maine	<p>permanency and well-being for children.</p> <ul style="list-style-type: none"> <li>▪ Long waiting lists for assessments, receipt of results, and contracted services impede the timely delivery of services to parents and children.</li> <li>▪ BCFS provides in-home family preservation, family support, and time-limited reunification services through contracts and agreements with community-based agencies. These services are flexible and designed to meet the family's changing needs.</li> <li>▪ The agency engages in ongoing consultation with multiple community partners.</li> <li>▪ The level of collaboration varies from District to District.</li> <li>▪ BCFS provides social workers with the ability to individualize services to families and that many social workers make concerted efforts to meet the unique needs of children and families within the limits of existing services.</li> </ul> <p><b><u>SYSTEMIC FACTORS: AGENCY RESPONSIVENESS TO COMMUNITY</u></b></p> <ul style="list-style-type: none"> <li>▪ BCFS has been effective in its efforts to engage in consultation with major stakeholders in implementing the goals and objectives of the Child and Family Services Plan.</li> <li>▪ BCFS is effective in coordinating services with other Federal or federally-assisted programs serving the same population.</li> <li>▪ Greater efforts are needed to engage in more comprehensive consultation on the development and revisions of this plan, particularly with all of the Native American Tribes in the State.</li> <li>▪ Partnerships that are essential to BCFS' operations comprise: Child Abuse Action Network, Child Death and Serious Injury Review Team, Child Welfare Advisory Committee, Wabenaki Child Welfare Coalition, Joint Standing Committee on Health and Human Services, Joint Standing Committee on Judiciary, County Child Abuse and Neglect Councils, Annual Child Welfare Conference, Child Protective Advisory Committee of the Courts, Cross Agency Collaborative, Juvenile Corrections Liaison, Law Enforcement Liaison, Treatment Network Team, Levels of Care Committee, and Youth Leadership Advisory Team.</li> </ul>	<p>types of services currently being provided, and developing strategies to fund new services in a time of fiscal restraints.</p> <p><b><u>SYSTEMIC FACTORS: AGENCY RESPONSIVENESS TO COMMUNITY</u></b></p> <ul style="list-style-type: none"> <li>▪ Improve community connections and collaboration; develop and realign resources as needed to create better outcomes for children and their families.</li> <li>▪ The Bureau of Child and Family Services realizes the value of including external stakeholders in the process and development of plans.</li> <li>▪ The Program Improvement Plan has been developed through the collaboration of many individuals representing BCFS, District as well as Central Office staff, community stakeholders, the Administration for Children and Families, the National Resource Center for Organizational Change, Native Americans and the Child Protective Advisory Committee of the Courts.</li> </ul>

*The content of this state profile was taken from the CFPSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader.*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (10/27/03)	PROGRAM IMPROVEMENT PLAN (8/3/04)
Maine	<ul style="list-style-type: none"> <li>▪ Stakeholders observed that philosophies and approaches differ among agencies and need to be reconciled.</li> </ul>	

*The content of this state profile was taken from the CFSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader. Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (6/9/04)	PROGRAM IMPROVEMENT PLAN (3/25/05)
Maryland	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ Appropriate services were provided to the parents and children to prevent removal.</li> <li>▪ Many stakeholders noted that there are a variety of family preservation services that range in intensity and that are available to ensure children’s safety while they remain in their homes.</li> <li>▪ Some of the services provided to families to prevent children’s removal from their homes. (1) Intensive Family Services. These are services for families whose children are at risk of out-of-home placement. The services are time-limited, intensive home-based (up to 20 hours per week), and family centered; (2) Families Now. This program provides services at varying levels of intensity. It is designed for families who are in crisis or whose children are at risk of out-of-home placement; (3) In-Home Intervention Program. This program provides services to high-risk parents. The goal is to positively influence the quality of parent, child and family interactions and extend service to “hard-to-reach” families by offering services in their homes and (4) Drug Exposed Infants Program. This program provides an appropriate level of substance abuse treatment to mothers who have a positive toxicology for heroin, crack and/or cocaine upon admission to a hospital, or at the birth of a child with a positive toxicology.</li> <li>▪ Several stakeholders expressed concern about a lack of consistency in following up with families receiving preventive services. Stakeholders reported that there are many instances in which comprehensive risk and safety assessments are conducted, but no services are provided to address identified needs.</li> </ul> <p><b><u>SYSTEMIC FACTORS: SERVICE ARRAY</u></b></p> <ul style="list-style-type: none"> <li>▪ Maryland has in place a broad spectrum of services that address children’s safety and promote and support stable families, family reunification, permanency, and child and family well-being. Many of the services are community-based.</li> </ul>	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ Baltimore City DSS represents over 60 percent of the State’s caseload. Strategies specific to Baltimore City include (1) Implementing Family-Centered Neighborhood-Based practice; (2) Transitioning to one caseworker per family; and (3) Implementing Family Team meetings; and Assessing and Enhancing Service Array.</li> <li>▪ The Department plans to develop a comprehensive, family-centered, neighborhood-based assessment and case planning process that is used throughout the life of the case using the Family-to-Family model. The focus of the strategies will be the early identification of all family members, particularly fathers, and their involvement in the decision making process.</li> </ul> <p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>▪ The Department (DHR) will strengthen the collaboration between the Maryland State Department of Health and Mental Hygiene (DHMH). A key strategy will be to hold quarterly meetings with DHMH to discuss issues related to mental health services for children.</li> <li>▪ The Governor’s Office for Children Youth and Families is the lead agency in developing and implementing the Maryland Wraparound Initiative that is designed to include all State agencies that serve children. This will create the collaboration between state agencies needed to address critical gaps in services to children.</li> </ul> <p><b><u>SYSTEMIC FACTORS: SERVICE ARRAY</u></b></p> <ul style="list-style-type: none"> <li>▪ Maryland lacks statewide access to necessary services for children and families. Strategies to increase the Department’s ability to meet the</li> </ul>

*The content of this state profile was taken from the CFSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader.*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (6/9/04)	PROGRAM IMPROVEMENT PLAN (3/25/05)
Maryland	<ul style="list-style-type: none"> <li>▪ Maryland's Kinship Care permits informal kinship care for families who are not in the child welfare system. This program places youth in the home of a relative or an individual who comprise the family support system such as family friends or other individuals with whom a child has a strong bond.</li> <li>▪ There are significant service gaps in the State, particularly with regard to mental health services; foster homes for youth and special needs children; substance abuse treatment services; and bilingual services for Hispanic, Asian, and African families. Stakeholders also expressed concern about the lack of services provided to children co-committed to DHR and DJS. Stakeholders noted that these agencies do not coordinate service provision to ensure appropriate services for these youth.</li> </ul> <p><b><u>SYSTEMIC FACTORS: AGENCY RESPONSIVENESS TO COMMUNITY</u></b></p> <ul style="list-style-type: none"> <li>▪ The State has a long-standing cabinet level committee that strives to coordinate services to children and families.</li> <li>▪ Results have included a dramatic reduction in the number of children placed out of State, increased local involvement in identifying needed services for children and families as well as measures of effectiveness for all child-serving agencies in Maryland.</li> <li>▪ DHR has memoranda of agreement with the Departments of Juvenile Justice and the Department of Health and Mental Hygiene which provide a framework for the coordination of services for families and youth who are involved in both systems.</li> <li>▪ Stakeholders also noted that DHR works closely with the Governor's Office on Disabilities and the Governor's Office of Children, Youth and Families to combine training efforts and provide family preservation and family support services.</li> </ul>	<p>individual needs of families are: collaboration with state and community partners; assessment of services available and not available in three jurisdictions and the creation of resource development plans; and create a resource directory. The successful implementation of these strategies depends upon the continued collaboration of state child serving agencies.</p> <ul style="list-style-type: none"> <li>▪ DHR will use Family Team meetings to fully involve the family in identifying their unique needs and to determine the family's and community's resources.</li> </ul>

*The content of this state profile was taken from the CFSSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader. Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (1/29/02)	PROGRAM IMPROVEMENT PLAN (11/27/02)
Massachusetts	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ The Department has made a concerted effort to continue to increase the numbers of children who can safely remain in their families following a report of maltreatment. Since 1995, more children have been receiving services in their homes while fewer children have been entering foster care.</li> <li>▪ Through the Family Based Services (FBS) initiative, implemented in January 2000, the Department has enhanced its capacity to keep children safely in their homes and to promote timely reunification for children in out-of-home care.</li> <li>▪ Placing a high value on the role that neighborhoods play in preventing child abuse and neglect, the Department has continued to utilize the Safe and Stable Families grant (IV-B, part 2) funds to build a continuum of support networks in various communities throughout the Commonwealth.</li> <li>▪ Programs such as Skill Builders, Passages, and Healthy Families were viewed by the parents and social workers involved in these cases as highly effective family preservation and support services.</li> <li>▪ The Department has strengthened the front-end of the services continuum largely through its Family Based Services initiative and through the provision of flexible funding to meet specific needs. Stakeholders singled-out several other programs as particularly effective, including the Parent Advocacy Centers, the PATCH program, protective child care services, and the Key Trackers program. The collaboration between the Department and providers of domestic violence-related services in some regions of the State has strengthened efforts to keep children safely in their homes.</li> </ul> <p><b><u>SYSTEMIC FACTOR: SERVICE ARRAY</u></b></p> <ul style="list-style-type: none"> <li>▪ To prevent placement and to support reunification, the Department either contracts with providers or utilizes private insurance or MassHealth to provide an array of services for children and their families.</li> <li>▪ Family based services are defined as those services that</li> </ul>	<p><b><u>PIP AMENDMENT – JULY 28, 2004</u></b></p> <p>The Massachusetts Department of Social Services is attempting to bring the logic of “family-centered” practice to each aspect of its work. The Department is revising the way we do child welfare work, to reflect six core practice values:</p> <ul style="list-style-type: none"> <li>• Child-driven;</li> <li>• Family-centered;</li> <li>• Community-focused;</li> <li>• Strength-based;</li> <li>• Committed to cultural diversity/safety; and,</li> <li>• Committed to continuous learning.</li> </ul> <p>The Department is developing a coherent and integrated family-centered child welfare practice throughout the Commonwealth. This task will challenge our capacities for collaboration, invention and “scaling up”.</p> <p><b><u>SYSTEMIC FACTOR: [ALL]</u></b></p> <ul style="list-style-type: none"> <li>▪ Research, design and implement a comprehensive intake and assessment process that is child-centered, family-focused and community-connected.</li> <li>▪ In preparation for the development of a new service planning process that is strengths-based, child-centered, family-focused and community-connected, conduct an assessment of the Department’s current efforts to include parents/families in individual case planning, service design, delivery and monitoring.</li> <li>▪ Assemble a Parent Advisory Committee which represents the diverse groups served by DSS.</li> <li>▪ Gather input from parents and youth regarding FCR process and practices.</li> <li>▪ Support the spread of Patch Teams and Family Nurturing Programs as models for family-centered practice.</li> <li>▪ Continue to improve the Department’s service array</li> </ul>

*The content of this state profile was taken from the CFSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader. Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (1/29/02)	PROGRAM IMPROVEMENT PLAN (11/27/02)
<b>Massachusetts</b>	<p>prevent placement, strengthen families and promote/support reunification. Lead agencies and their Networks are responsible for providing a collaborative, community-based approach to service delivery utilizing DSS financial resources and knowledge in coordination with other funding sources, systems and services to address family needs in a comprehensive and efficient manner.</p> <ul style="list-style-type: none"> <li>▪ There are many very positive things going on in FBS - from an increase in direct and real family participation in their own service planning to creative service approaches, which clearly are shaped by the family's strengths/needs and the identified outcomes .</li> <li>▪ Multidisciplinary Assessment Teams (MDATs) have been established in each Area Office; Family involvement in the MDAT meetings is encouraged.</li> <li>▪ Department has developed a comprehensive array of services to assess and address the needs of children and their families.</li> <li>▪ In New Bedford, stakeholders noted that Department staff arrange home-based services during off-hours to address the needs of working families. Reviewers in Boston were impressed with the philosophy and approach of PATCH, a partnership between the Department and a coalition to provide community and strength-based services to DSS families.</li> </ul> <p><b><u>SYSTEMIC FACTOR: AGENCY RESPONSIVENESS TO COMMUNITY</u></b></p> <ul style="list-style-type: none"> <li>▪ The Department, through its Community Connections initiative, has made progress in creating opportunities for community involvement in the arenas of prevention and family support, policy development and case management. The focus and challenge will be to formalize the link between the DSS Community Connections and other prevention efforts with the Family Based Services Networks in ways that integrate the work of DSS with the community while effectively meeting the needs of at-risk families.</li> </ul>	<p>so that it is responsive, flexible and accessible and able to meet the identified needs of all family members in order to achieve the specified service plan goal. Services should be child-centered, family-focused and community-centered and follow from the needs identified during the assessment process.</p> <ul style="list-style-type: none"> <li>▪ The new procurement will apply the principles from systems of care coupled with the principles of community partnership to create local networks of integrated services communities, sister state agencies, private providers and academic institutions to ensure collaboration in the planning, development, implementation and evaluation of an integrated service delivery system across the state. It will build the infrastructures necessary for DSS to effectively partner with families.</li> <li>▪ Design and implement a continuous quality improvement system to monitor Program Improvement Plan achievements.</li> <li>▪ Implement Family Satisfaction Survey in those DSS Area Offices with Family Advocates on staff.</li> <li>▪ Begin integration of Family Advocates into Area CQI Team meetings to represent parental concerns and issues.</li> <li>▪ Improve relationships between and engagement with families: Negotiate strength-based service plans directly with families, Use family group conferencing and MDATs, Look at fathers' involvement, set up meetings with parents to plan for reunification, have social workers ask families to come in and talk about what worked for them.</li> </ul>

*The content of this state profile was taken from the CFSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader. Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (1/29/02)	PROGRAM IMPROVEMENT PLAN (11/27/02)
Massachusetts	<ul style="list-style-type: none"> <li>▪ The Department was found to have a number of avenues for on-going consultation and community participation.</li> <li>▪ Community Connections coalitions coordinate neighborhood-based networks of family support, involving families in planning and decision-making regarding deployment of resources and development of services to fill gaps.</li> <li>▪ One of the Department's program goals for the current fiscal year is to increase collaboration with other state agencies and organizations to ensure coordination and appropriate service provision for children and families of the Commonwealth.</li> <li>▪ Reviewers and stakeholders noted ongoing coordination issues between DSS and DMH, DMR, and DOE that are negatively impacting families' access to the services of these agencies. Stakeholders emphasized the need for greater collaboration, sharing of information across systems, and cost sharing among these agencies.</li> </ul>	

*The content of this state profile was taken from the CFSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader. Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (12/19/02)	PROGRAM IMPROVEMENT PLAN (5/24/04)
Michigan	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ FIA assessed the family's service needs appropriately and provided or referred the family for services to meet those needs. The provided services included, but were not limited to, parenting classes, mental health assessments and counseling, in-home services, family preservation services, and wraparound services.</li> <li>▪ Reviewers determined that the agency had not fully assessed family caregiver needs or adequately followed up to determine the effectiveness of service referrals in relation to protecting children in the home or preventing removal.</li> <li>▪ There is a wide range of services available to families to prevent children from being removed from their homes. Several stakeholders mentioned that Families First program, which FIA has implemented for many years, is particularly responsive and effective in working with families to prevent children's removal from their homes.</li> <li>▪ The comprehensive children's mental health system ("System of Care" initiative) has increased the level of cooperation among the child welfare, mental health, education and court systems.</li> </ul> <p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>▪ The first step in improving relationships between schools and the Children's Division is to have educational personnel/liasons involved in the team decision-making process. Protocols establishing when educational personnel should be invited to Family Support Team meetings will be developed.</li> <li>▪ Children's Division and many school districts are partnered to provide the School Based Social Worker (SBSW) Program. The rationale for this program is the prevention and early identification of children at possible risk of child abuse and neglect or other barriers that would limit full potential for success in the school setting.</li> </ul>	<p><b><u>TECHNICAL ASSISTANCE PLAN</u></b></p> <ul style="list-style-type: none"> <li>▪ Remain a leader in the area of effective community-based programs such as Families First, Family Group Decision Making, Wraparound and the Annie E. Casey Family to Family model. The huge geographic area with service availability inequities also presents a challenge in effecting positive improvement in several PIP areas. Michigan wants to work effectively to develop a Family Centered System irrespective of geographic location.</li> <li>▪ Develop a ground breaking partnership with our family courts. Michigan has a Substance Abuse in Child Welfare project implemented where we are piloting drug courts.</li> <li>▪ Engage in relationships with the Department of Community Health in the area of mental health services.</li> <li>▪ Will participate in teleconference Building Community-Based Mental Health Services to prevent unnecessary relinquishment of parental custody and the President's New Freedom Commission on Mental Health Cross-System Implications.</li> <li>▪ Establish a closer partnership with state mental health agency to encourage the design and provision of services that target the needs of the child welfare population.</li> </ul> <p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>▪ The Absent Parent Protocol will mandate that courts take leadership to insure that efforts to identify, locate and involve absent parents are given appropriate attention at the earliest stages of a child protection case. As the protocol is implemented, the direct result</li> </ul>

*The content of this state profile was taken from the CFSSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader. Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (12/19/02)	PROGRAM IMPROVEMENT PLAN (5/24/04)
Michigan	<p><b><u>SYSTEMIC FACTORS: QUALITY ASSURANCE SYSTEM</u></b></p> <ul style="list-style-type: none"> <li>▪ According to the Statewide Assessment, Core Children’s Services Universal Outcomes in the areas of prevention, protection, preservation, permanency and proficiency were established in 1998 as part of performance monitoring.</li> </ul> <p><b><u>SYSTEMIC FACTORS: SERVICE ARRAY</u></b></p> <ul style="list-style-type: none"> <li>▪ As noted in the Statewide Assessment, pre-placement prevention services include Families First of Michigan (FFM), Wraparound services, Partnership for Safety, Families Together/Building Solutions (FTBS), Family Group Decision Making (FGDM), Family to Family, Child Protection/Community Partners Program, Preventive Services for Families (PSF), Juvenile Justice Prevention Programs, Juvenile Accountability Incentive Block Grant (JAIBG), Zero to Three Secondary Prevention, Early On®, Runaway and Homeless Youth Hotline, Teen Parent Program, Michigan Teen Outreach Program, Teen Pregnancy Prevention Project, and Maternal/Infant Support Services.</li> <li>▪ Focus groups with staff and FCRB members identified that a lack of mental health and substance abuse treatment services affected the State’s ability to reunify children with their families.</li> <li>▪ Services mentioned as available on a widespread basis were family preservation, family reunification, counseling, aftercare, and wraparound services.</li> <li>▪ There needs to be more flexibility in the way services are provided at the local level and that the contracting process tends to reduce flexibility in services.</li> <li>▪ Acknowledging the benefits of Family First as a county level program, stakeholders also noted that not all communities within the county may have access.</li> <li>▪ Prevention services vary from county to county. A particular concern noted by stakeholders was the lack of service for families who are reported to the child welfare system, but there is not sufficient evidence to open the case. Another</li> </ul>	<p>anticipated should improve the inclusion of fathers in the case planning process. Additionally, worker training will be enhanced to increase workers’ skills in acknowledging and engaging the non-custodial parent (father) in the case planning process.</p> <ul style="list-style-type: none"> <li>▪ Revise policy to assist in promoting participation and involvement of all family members.</li> <li>▪ Technical assistance will be requested from the NRC for Family Centered Practice and Permanency Planning to determine strategies that can be utilized to engage the uninvolved but not absent parent. For instance, blended families or issues of geographic distance. The purpose of the technical assistance would be to determine if there are policies, practices or strategies that can be utilized to enhance the involvement of both parents.</li> <li>▪ Interview parents, children and workers with the goal of identifying barriers that negatively impact upon quality of visits.</li> <li>▪ Regarding the immediacy and availability of mental health services, the Medicaid Redesign Group continues to work on the development of an overarching plan that includes identifying foster care and CPS children and families as a priority population. This collaborative effort will enhance what currently available while moving forward on the overall systemic reform in Michigan.</li> </ul>

*The content of this state profile was taken from the CFSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader. Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (12/19/02)	PROGRAM IMPROVEMENT PLAN (5/24/04)
Michigan	<p>concern was the fact that most of the services are time-limited, which does not meet the needs of all families.</p> <p><b><u>SYSTEMIC FACTORS: AGENCY RESPONSIVENESS TO COMMUNITY</u></b></p> <ul style="list-style-type: none"> <li>▪ Stakeholders described positive relationships between the agency, law enforcement, service providers, legal, and the FCRB. FIA uses the internet to allow public comment on the CFSP and updates.</li> <li>▪ Putting It Together With Michigan Families (the PIT Crew) serves as an umbrella organization that covers all human services. It ensures that agencies are aware of each other's activities. The PIT Crew reflects the Multi Purpose Collaborative Body (MPCB) created in each county. MPCBs are responsible for developing community alliances needed to meet local needs.</li> <li>▪ Michigan's Strong Families/Safe Children (SF/SC) aims to foster consumer, community and intergovernmental collaborative partnerships that develop and expand direct services to children and families. Services are provided collaboratively via development of a coordinated preservation and support service plan by Family Coordinating Councils (FCC) that are active in all counties. Funds must be used for new or enhanced family preservation, family support, family reunification, and adoption promotion and support services.</li> <li>▪ Other examples of interagency collaboration described in the Statewide Assessment include: Partnership with the Department of Education in Zero to Three, an interagency initiative that provides education/mentoring at the local level. Positive interagency collaboration between FIA and Head Start, local police, public health, education, substance abuse and Drug Court, and community collaborative.</li> <li>▪ Some stakeholders were concerned about a lack of consistency in the working relationships between local offices and Native American Tribes.</li> </ul>	

*The content of this state profile was taken from the CFSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader. Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (8/28/01)	PROGRAM IMPROVEMENT PLAN (7/1/02)
Minnesota	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ Despite the pattern of injuries and lack of compliance, children were left in the care of abusive parents. In all four cases, children died as a result of abusive injuries inflicted by a parent. The county failed to note that although family preservation is sometimes an appropriate intervention strategy, these cases had behavioral indicators of high risk and these were ignored. Cost containment factors also seemed to be a reason why some social workers maintain children in dangerous home environments.</li> <li>▪ Statewide Assessment reports the service array in all counties included home-based community services. Services were said to be generally culturally appropriate and staff made efforts to reduce harm and prevent removal.</li> </ul> <p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>▪ Based on a survey of county social service agency directors, services most often utilized include: general case management, family-based counseling, family-based life management skills, individual counseling, child welfare assessment, respite care, court- related services, and child foster care.</li> <li>▪ According to the Statewide Assessment, the state has no provisions for mental health care for children in out-of-home placement separate from the provisions for general health services.</li> <li>▪ If a mental health issue was not directly related to the presenting problem, typically it was not addressed. The lack of initial assessment has resulted in the mental health needs of children going unmet. In one of the counties, there was a community shortage of mental health providers who could address children’s problems. Managed care and Health Maintenance Organization policies that restrict treatment for mental health have had a very negative impact. Children are not able to receive needed services.</li> </ul>	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ Expand use of Structured Decision Making via Statewide implementation. The strength/needs tool will help improve family involvement in case planning, a well-being indicator.</li> </ul> <p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>▪ Improve assessment of family strengths and needs, its matching of services to those needs and the involvement of the family in case planning. Minnesota will improve its consistency of worker visits with children and with parents.</li> <li>▪ Identify a children(s) mental health screening tool for use by child protection, foster care and adoption staff. Further, Minnesota will improve its documentation of children(s) health needs and related services on the case plan for the child and family.</li> <li>▪ Identify needs for mental health assessment in children via the implementation of the mental health interview guide developed by DHS Children(s) Mental Health Division.</li> </ul>

*The content of this state profile was taken from the CFSSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader. Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (8/28/01)	PROGRAM IMPROVEMENT PLAN (7/1/02)
Minnesota	<p><b><u>SYSTEMIC FACTOR: AGENCY RESPONSIVENESS TO COMMUNITY</u></b></p> <ul style="list-style-type: none"> <li>▪ Most Minnesota counties have a family service collaborative or a children's mental health collaborative whose purpose is to promote a seamless system of services to children. The collaboratives include representatives of the social services agency, public health agency, local school district and other agencies and participate in the Local Collaborative Time Study (LCTS). Funds claimed through LCTS must be spent on expansion of early intervention and prevention services for these children.</li> <li>▪ Statewide Assessment reports four alternative means of coordinating service. 1) Minnesota requires forming county multidisciplinary child protection teams. 2) Counties or groups of counties may establish child abuse prevention councils. There are currently 85, each of which must have at least nine members. The majority of members must represent the community at- large, not service-providing agencies or public agencies. Councils that meet the membership requirements and have submitted a plan for child abuse prevention, can review requests for funds from the <u>Children's Trust Fund</u> and make funding recommendations to the <u>Children's Trust Fund Advisory Council</u>. 3) Counties may use human services boards to plan for the coordinated delivery of human services to the county. Board advisory committees must include persons receiving services and providers of services. 4) MDHS staff participate in a number of workgroups and cross-agency committees to promote coordination of efforts at the State level. These cross-agency collaborations have enhanced the ability to ensure that the services MDHS oversees are coordinated with other services provided to children and families.</li> </ul>	

*The content of this state profile was taken from the CFSSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader. Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (5/18/04)	PROGRAM IMPROVEMENT PLAN (4/1/05)
Mississippi	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ A key CFSR case review finding was that MDHS is inconsistent in its efforts to provide services to families to prevent removal.</li> <li>▪ Reviewers identified the following services provided to families: family preservation services, individual counseling, family counseling, parenting skills education, supervised visitation, frequent home visits by caseworkers or service providers to monitor family, voluntary placement with relatives, referrals for mental health services, removal of the perpetrator from the home, emergency medical care, concrete services (i.e., food vouchers, clothing, emergency utility assistance, furniture, etc.), life skills services (money management, career planning, information on proper hair and dental care, etc.), and homemaker services.</li> <li>▪ The increased availability of Family Preservation Services, Family Resource Centers, and Project Homestead (a local community-based partnership system) allows a greater number of children to remain safely in their own home.</li> <li>▪ However, the supply of family preservation services is not sufficient to meet the demand. Consequently, in most locations in the State, there are waiting lists for family preservation services.</li> <li>▪ Stakeholders indicated that the item 'risk of harm to child' was an area needing improvement as either no services were provided or the services provided were not adequate to reduce the risk of harm for all children in the family; children remained at risk.</li> </ul> <p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>▪ There are scarce mental health services in the community. Stakeholders suggest that the collaboration between MDHS and the mental health agency is not sufficiently effective.</li> </ul>	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ Regional Action Plans-All regions will conduct county assessments to determine strengths and areas needing improvement for in-home services to protect children in-home and prevent removal. If a county identifies areas needing improvement to protect children in-home and prevent removal as a safety priority, that county and region will develop safety strategies to improve practice in the RAP.</li> </ul> <p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>▪ Establish more collaborative efforts and partnerships between local DFCS offices and available Families First Resource Centers to improve access to educational services for children such as Parents as Teachers, after-school programs and tutorial programs.</li> </ul> <p><b><u>SYSTEMIC FACTOR: SERVICE ARRAY</u></b></p> <ul style="list-style-type: none"> <li>▪ Research feasibility of expanding MAP Teams in collaboration with the Department of Mental Health and if feasible, implement protocol for family involvement in MAP Teams.</li> <li>▪ Improve the effectiveness and impact of Project Homestead County Task Forces on the community to improve local service array and delivery of services.</li> <li>▪ Stabilize and support the existing Project Homestead Network Coordinators.</li> <li>▪ Establish more collaborative efforts and partnerships between local DFCS offices and available Families First Resource Centers and other community-based providers funded through MDHS.</li> </ul>

*The content of this state profile was taken from the CFSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader.*

Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)

**FRIENDS National Resource Center for Community-Based Child Abuse Prevention**

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (5/18/04)	PROGRAM IMPROVEMENT PLAN (4/1/05)
Mississippi	<p><b><u>SYSTEMIC FACTOR: SERVICE ARRAY</u></b></p> <ul style="list-style-type: none"> <li>▪ State does not have a sufficient array of services in place to address the needs of children and families. Critical gaps in the service array are foster homes (for children of all ages), and substance abuse and mental health services for children, youth, and parents. Services are not accessible to families and children in all political jurisdictions. County staff have limited ability to individualize services. Parenting classes, Head Start, CPS, and CASA volunteers are available in the four counties.</li> <li>▪ The Families First Resource Centers (FFRC) provide information and referral services, family resource libraries, after-school programs, tutorial programs, parenting classes and specialized parent skill training, respite services, supervised family visitations, transportation assistance, and many other family support services. There are Families First Resource Centers in each of the nine regions but only 50 percent of the eighty-two counties have a FFRC.</li> </ul> <p><b><u>SYSTEMIC FACTOR: AGENCY RESPONSIVENESS TO COMMUNITY</u></b></p> <ul style="list-style-type: none"> <li>▪ The CFSR determined the State engages in consultation with tribal representatives, consumers, service providers, foster care providers, the court, and other public and private child- and family-serving agencies. The agency develops, in consultation with representatives, annual reports of progress and services delivered pursuant to the CFSP. CFSR findings indicate that the State's services under the CFSP are coordinated with services or benefits of other Federal or federally assisted programs serving the same population.</li> <li>▪ MDHS has established venues to support ongoing consultation with a range of stakeholders, such as holding an annual conference to solicit input into the plan and conducting regular meetings with community partners. However, some external stakeholders indicated that they are</li> </ul>	

*The content of this state profile was taken from the CFSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader. Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (5/18/04)	PROGRAM IMPROVEMENT PLAN (4/1/05)
Mississippi	not included in the development of the CFSP. Educational staff, foster parents, child caring agencies, CASA, and local community partners are not fully engaged in the development of the CFSP.	

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (3/10/04)	PROGRAM IMPROVEMENT PLAN (2/1/05)
Missouri	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ According to the Statewide Assessment, Children’s Division (CD) has a number of in-home services available to children and families, including Family Centered Services, Intensive In-Home Services, Family Reunion Services, in-home counseling services, parent aide and other services through Children’s Treatment Services.</li> <li>▪ The Statewide Assessment notes that the “System of Care” initiative, which is supported by the Governor and the legislature, has increased the level of cooperation among the child welfare, mental health, education, and court systems. The goal of this initiative is to divert children from the child welfare system who need mental health services but are not at risk of abuse or neglect from caretakers.</li> </ul> <p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>▪ Reviewers determined that CD had not adequately addressed the health needs of children, particularly children in the in-home services cases. A key concern pertained to the lack of health services for all children in the family in the in-home services cases and a lack of sufficient dental services for children in foster care.</li> <li>▪ As noted in the Statewide Assessment, Jackson County is required to collect data in regard to prevention as well as ongoing health care for children in out-of-home placement. The County has a special database that was custom-built for the Consent Decree and serves as a model for the rest of the State.</li> <li>▪ A particular concern pertained to the mental health needs of children in the in-home cases. In many of those cases reviewers determined that a mental health assessment and/or mental health services was warranted, but needed services were not provided. There are insufficient mental health services in many areas of the State to meet the needs of the children in foster care and in-home services cases.</li> <li>▪ Statewide Assessment notes that access to mental health</li> </ul>	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ Improve family assessment and case plan tools to better link service provision to the needs of the family identified in the initial and ongoing assessments; include a mechanism for family self-assessment and identified areas specifically related to child safety and risk concerns.</li> <li>▪ Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment.</li> <li>▪ Per new legislation, develop state comprehensive children’s mental health plan to increase level of cooperation between court, mental health, child welfare and families.</li> </ul> <p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>▪ Increase the ability of Children’s Division staff and families to access available mental health resources.</li> </ul>

*The content of this state profile was taken from the CFSSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader.*

Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)

**FRIENDS National Resource Center for Community-Based Child Abuse Prevention**

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (3/10/04)	PROGRAM IMPROVEMENT PLAN (2/1/05)
Missouri	<p>services for children remains an issue for intact families due to barriers of transportation, insurance, and lack of knowledge about the mental health system.</p> <ul style="list-style-type: none"> <li>▪ The new System of Care initiative has the goal of improving interagency coordination and better matching youth to the agency most suitable for their needs.</li> </ul> <p><b><u>SYSTEMIC FACTOR: AGENCY RESPONSIVENESS TO COMMUNITY</u></b></p> <ul style="list-style-type: none"> <li>▪ The State engages numerous external partners in implementing the provisions of the CFSP.</li> <li>▪ According to the Statewide Assessment, the Title IV-B Advisory Group in Missouri provides input into the development of the CFSP and gives feedback on the performance of the child welfare system. The group consists of nine external partners and three internal managers. The external partners include: University of Missouri School of Social Work, United Way, Family Court, child advocacy groups, foster care and adoption association, Department of Mental Health, Children’s Treatment service providers, Children’s Justice Act Task Force, State Youth Advisory Board, Office of State Court Administration, and the faith community. Individual stakeholders also provide feedback on the CFSP.</li> <li>▪ Missouri also engages in ongoing consultation with community partners through standing advisory groups, committees, task forces, policy and program work groups, and planning sessions. External partnering groups include the Children’s Justice Act Task Force, Child Fatality Review Panel, and the State Youth Advisory Board.</li> <li>▪ Stakeholders were in general agreement that CD engages in ongoing consultation with multiple community partners. The agency uses multiple venues to access community resources, to remedy problems, and to keep lines of communication open.</li> <li>▪ Stakeholders in Jasper County noted that the working</li> </ul>	

*The content of this state profile was taken from the CFSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader.*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (3/10/04)	PROGRAM IMPROVEMENT PLAN (2/1/05)
Missouri	<p>relationships between the agency and other agencies such as law enforcement and the school system could be improved.</p> <ul style="list-style-type: none"> <li>▪ State's services under the CFSP are coordinated with other Federal programs serving the same population.</li> <li>▪ Missouri coordinates service delivery across multiple State and community agencies. Implementation of the Federal Promoting Safe and Stable Families Act involved the creation of two major community-wide collaborations across the State. These Community Partnerships, which include public and private partners, serve as focal points for organizing and financing services for families and children. The Caring Communities links services and supports for children and families through the schools, neighborhood, and public agencies.</li> <li>▪ The Department of Elementary and Secondary Education and the CD partner in a number of cross-agency efforts. Other multi-agency efforts address specific issues, such as promoting fatherhood (Transition from Prison to Community Initiative), addressing child maltreatment and domestic violence (Greenbook Initiative), improving physical and sexual abuse examinations for child victims (Sexual Abuse Forensic Exam Advisory Group), preventing teen drug use (Drug-Free Communities), meeting the needs of drug-exposed infants and mothers (Perinatal Substance Abuse Advisory Committee), and providing mental health services to children with severe needs (System of Care initiative).</li> <li>▪ As noted in the Statewide Assessment, not all of these initiatives operate statewide due to limited funding resources.</li> <li>▪ Stakeholders commended the coordination and delivery of services by the child welfare agency and other social services. Stakeholders noted that CD coordinates services with Head Start programs and with the Temporary Assistance to Needy Families program. They also remarked favorably on the System of Care initiative.</li> </ul>	

*The content of this state profile was taken from the CFSP final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader. Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (1/14/03)	PROGRAM IMPROVEMENT PLAN (1/16/04)
Montana	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ Contracted providers were found to have frequent contact with families and to provide or link families to a wide range of services including parenting education and support.</li> <li>▪ Area Needing Improvement reviewers determined that no services were provided to the family to prevent the initial removal, and when the children were returned home, no services were provided to prevent re-removal the services provided were not appropriate to meet the needs of the children and parents and were not sufficient to prevent removal.</li> <li>▪ Stakeholders noted that in most areas of the State there is a wide array of family preservation services to prevent children's removal from home and to support families after children are returned home from foster care.</li> <li>▪ These stakeholders also noted concerns that changes in the level of State funding will decrease the availability of effective placement prevention services.</li> </ul> <p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>▪ Parent and child involvement in case planning was most likely to occur in in-home services cases that were managed by private providers under contract to CFSD.</li> <li>▪ The agency is inconsistent in involving families in the case planning process. When a FGDM meeting is not held, the CFSD caseworker often does not have the time to support efforts to engage families in the case planning because of workload demands.</li> <li>▪ When families participate in a FGDM meeting, all relevant family members tend to be involved in the case planning process. FGDM meetings promote family involvement in the case planning process.</li> </ul>	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>• Services necessary to target the key problems contributing to risk of harm were not addressed. The Division does not formally assess the family needs that contribute to risk or establish individual family safety standards.</li> </ul> <p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>• Behavioral indicators will point to service needs for children, parents and foster families. If a behavioral assessment was required to be completed at time of placement, it is anticipated that performance would improve. A tool that guides the social worker in assessing behaviors would also document that an assessment was made. This will be incorporated as part of developing a case plan and involving the resource family and child in the planning.</li> <li>• Family Group Decision- making Meetings are not offered to every family who has an open case.</li> <li>▪ FGDMs are a key to providing families opportunity to provide input into a case plan. Requiring that all families be offered a FGDM should increase the practice. In the event a parent declines a meeting another practice point must be developed to include that parent in planning. A case plan format that requires parent input would improve this outcome.</li> </ul>

*The content of this state profile was taken from the CFSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader.*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (1/14/03)	PROGRAM IMPROVEMENT PLAN (1/16/04)
Montana	<p><b><u>SYSTEMIC FACTOR: SERVICE ARRAY</u></b></p> <ul style="list-style-type: none"> <li>▪ According to the Statewide Assessment, there is a wide array of services available to help a family work toward a safe reunification. These include, but are not limited to in-home services; intensive visitation; short-term services, such as transportation, day care, respite, house cleaning, anger management, etc.; services provided by mental health therapists; in-home therapy; mental health case management; and parenting classes.</li> <li>▪ Current practice encourages a FGDM meeting for all families with children at-risk of abuse or neglect, unless family circumstances deem it inappropriate.</li> <li>▪ Each year family preservation services are provided to approximately 1250 families (about 2400 – 2600 children). Family preservation services are offered throughout most of the State under contracts with private providers. Families are referred to the contractor for in-home visitation, parenting classes and other services as needed.</li> <li>▪ Stakeholders voiced concern that recent budget cuts will affect in-home service contracts and key prevention and support services will be in jeopardy.</li> <li>▪ Both Family Support Network and Mountain Peaks provide extremely flexible, individualized services and tailor programs to meet individual needs.</li> </ul> <p><b><u>SYSTEMIC FACTOR: AGENCY RESPONSIVENESS TO COMMUNITY</u></b></p> <ul style="list-style-type: none"> <li>▪ Stakeholders at local levels noted that there are concerted efforts on the part of local agencies to reach out and engage the community, and that collaboration between the child welfare agency and local service providers is excellent. The relationships with the Tribes in the area needed to be strengthened, although there were some positive relationships with some tribes.</li> <li>▪ The capacity of CFSD to coordinate services is also limited by the availability of services—a particular concern in rural areas of Montana.</li> </ul>	

*The content of this state profile was taken from the CFSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader. Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (1/14/03)	PROGRAM IMPROVEMENT PLAN (1/16/04)
Montana	<ul style="list-style-type: none"> <li>▪ CFSD coordinates with other federally-assisted agencies and organizations. CFSD currently coordinates services at the State level by working with other divisions within the Department and with other departments on an on-going basis. At the State level, CFSD staff members participate in provider meetings, serve on advisory councils, and meet with other providers of children’s services regularly.</li> </ul>	

*The content of this state profile was taken from the CFSD final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader. Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (10/2/02)	PROGRAM IMPROVEMENT PLAN (8/13/03)
Nebraska	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ NHHSS assessed the family's service needs appropriately and provided or referred the family for services to meet those needs to prevent removal. Services provided included, but were not limited to, in-home services and intensive family preservation services.</li> <li>▪ Children often are removed from their homes that do not need to be removed.</li> <li>▪ In one site, stakeholders suggested that prevention services often are not considered because of a lack of funds available for in-home services and the long waiting lists for services available in the community.</li> <li>▪ The State has emphasized building preventive and community-based services using Federal grant funds to improve accessibility, availability, and quality of services.</li> <li>▪ There are service gaps in many areas, which impact the ability of families to access needed care and treatment. The majority of Nebraska's 93 counties are designated medical and mental health professional shortage areas, with only 22 counties covered by a statutorily defined Public Health Department.</li> </ul> <p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>▪ There is a need for strengthened efforts to occur in order to fully engage parents in case planning activities.</li> <li>▪ NHHSS is beginning to use family group conferencing on a limited basis to promote greater parent involvement.</li> <li>▪ Preventive health and dental services are not routinely provided and that children's health and dental needs are addressed only if there is a problem.</li> </ul> <p><b><u>SYSTEMIC FACTORS: CASE REVIEW SYSTEM</u></b></p> <ul style="list-style-type: none"> <li>▪ To improve family involvement, DHHS has piloted Family Group Conferencing (FGC) in 3 of Nebraska's 93 counties with plans for expansion in the future.</li> </ul>	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ The Collaborative Case Practice priority represents the heart of changes that need to be addressed to fundamentally change Nebraska's child welfare system. Collaborative Case Practice represents a concise time limited process for ensuring that each phase of case management is thoroughly examined and that best practice knowledge is provided to determine what the casework practice should be in the future.</li> <li>▪ There are identified changes and redesign in the area of family involvement and participation.</li> <li>▪ Nebraska believes that the Collaborative Case Practice (CCP) priority pulls together the broad variety of recommendations that were identified in the Program Improvement Planning Process.</li> <li>▪ Nebraska will pilot two Service Array Child Welfare projects, one in an urban area and one in a more rural area of the state. These projects will assist Nebraska in assessing and planning to expand the accessibility and improve the quality of services provided to children and families.</li> </ul> <p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>▪ Develop and implement Resource Family model and policies to support and promote bonding and visitation between parents and children in a resource family home.</li> <li>▪ Collaborate with the Nebraska Children and Families Foundation on the Fatherhood Initiative.</li> <li>▪ Conduct a service array pilot in two areas and identify service needs, gaps and improvements needed to address timely initiation of services; assure the ability to offer needed services; develop in-home services and reduce service waiting lists.</li> <li>▪ Strengthen case planning policy and practice to</li> </ul>

*The content of this state profile was taken from the CFSSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader.*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (10/2/02)	PROGRAM IMPROVEMENT PLAN (8/13/03)
Nebraska	<p><b><u>SYSTEMIC FACTORS: SERVICE ARRAY</u></b></p> <ul style="list-style-type: none"> <li>▪ Flexible funding is available in each Service Area for the purpose of helping families remain united and reducing out-of-home placements.</li> <li>▪ Statewide Assessment notes that workers and providers are using several models of service and practice approaches that reflect the 'wraparound' approach, including Family Group Conferencing, Intensive Family Preservation, and Mediation.</li> <li>▪ There is an adequate array of services in some areas, and noted that services such as family support services and Family Group Conferencing are readily available.</li> <li>▪ Services gaps were noted with regard to substance abuse and mental health treatment, community-based services, dental care, and others.</li> <li>▪ A stakeholder in one county noted that the county is developing parenting classes to meet the needs of Sudanese and Latino populations.</li> <li>▪ Because of service gaps, children and families often are provided services that are available rather than those that meet their unique needs.</li> <li>▪ Statewide Assessment notes that NHHSS has implemented practices, such as Family Group Conferencing, family team meetings and the 'wraparound' approach, in order to identify a family's unique service needs.</li> </ul> <p><b><u>SYSTEMIC FACTORS: AGENCY RESPONSIVENESS TO COMMUNITY</u></b></p> <ul style="list-style-type: none"> <li>▪ Extensive input has been sought from external community stakeholders in the development of the CFSP in the form of the Nebraska Family Portrait. Persons involved in the development of the plan included family members, youth, and the provider community. Over 300 individuals outside the agency lent their expert guidance to the development of the Nebraska Family Portrait.</li> <li>▪ Communication channels to provide continuous input from the</li> </ul>	<p>assure that children, parents and support networks are included in initial case plan development and ongoing reassessment of the case plan.</p> <ul style="list-style-type: none"> <li>▪ Incorporate wrap around principles into all policy revisions including decisions and linkages, initial safety check, discovering strengths, and convening a family team.</li> <li>▪ Develop a handbook for families of children involved with Protection and Safety to assure that families understand the system, their rights and responsibilities and supports available to them.</li> </ul> <p><b><u>SYSTEMIC FACTORS</u></b></p> <ul style="list-style-type: none"> <li>▪ Increase use of Family Group Conferencing to locate family members as potential foster and adoptive parents; increase use of Family Group Conferencing to increase participation in case planning.</li> </ul>

*The content of this state profile was taken from the CFSP final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader.*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (10/2/02)	PROGRAM IMPROVEMENT PLAN (8/13/03)
Nebraska	<p>Tribes are established by identifying persons to work directly with the Tribes; maintaining staffing contracts with three of the four Tribes for on-site workers and supervisors.</p> <ul style="list-style-type: none"> <li>▪ Teams were created by the legislature to deal with community-based issues affecting child abuse and neglect. These teams facilitate coordination among local agencies.</li> <li>▪ These teams are not functional in all counties as prescribed by legislation.</li> <li>▪ The agency engages providers in the planning process, but does not really consider their input in the final plan that is developed and is more “defensive” than responsive to the community.</li> <li>▪ Examples of collaboration include: (1) The development of the Integrated Care Coordination Units as an outgrowth of a Federal Substance Abuse and Mental Health Services Administration (SAMHSA) grant; (2) The development of the Families First and Foremost program also in conjunction with SAMHSA; and (3) Contracting with 22 community-based domestic violence/sexual assault crisis centers, in collaboration with the courts.</li> </ul>	

*The content of this state profile was taken from the CFSSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader. Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (6/1/04)	PROGRAM IMPROVEMENT PLAN (3/1/05)
Nevada	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ Among the key concerns identified during the CFSR were inconsistencies with regard to providing services to children to ensure their safety while in their homes.</li> <li>▪ Services provided to the families included, but were not limited to, parenting education, mental health evaluations and services, early childhood education services, family preservation services, and day care services.</li> <li>▪ The agency and the community do not have extensive resources to provide services to families while children remain in the home. They noted that a frequently used prevention “service” is voluntary placement of the child with relatives.</li> <li>▪ Many Clark County stakeholders voiced concerns that often the decision as to whether the child will be placed in foster care or remain in home is based on the fact that the necessary treatment and concrete service resources to ensure the child’s safety while in the home are not available in the community. These stakeholders noted, for example, that family preservation services in Clark County will not take families in which there are children younger than 6 years old.</li> <li>▪ There is a lack of prevention, intervention, and support services to address the stressors contributing to child abuse and neglect.</li> <li>▪ In Washoe County, there is a Human Support Specialist program that provides in-home support with case management to families in need.</li> <li>▪ In most of these cases, reviewers noted that there was no indication that parents had participated in services. The agency focuses on the child in the family who was the subject of the maltreatment report and did not conduct assessments or provide services to the other children, even when they were also at risk.</li> </ul>	<p><b><u>SYSTEMIC FACTOR: SERVICE ARRAY</u></b></p> <ul style="list-style-type: none"> <li>▪ To improve the service array for children and families, Nevada will strengthen collaboration between child welfare agencies and children’s mental/behavioral health services. Nevada to receive a SAMSHA “infrastructure building” grant. This 3.7 million dollar, five-year grant supports the development of sustainable state and local level infrastructure for integrating planning, financing, work force development, accountable and quality improvement of children’s mental/behavioral health services. The grant also funds the development of an integrated financing plan and creates interagency coordinating mechanisms.</li> <li>▪ Budget enhancements have been proposed to increase the number of clinicians providing targeted case management and outpatient services (birth to age 18); this may prevent children from entering the child welfare system as well as offering more timely services to families already involved with the child welfare system.</li> <li>▪ The collaboration between children’s mental health and child welfare through the Wraparound Program is targeted as a significant point of collaboration.</li> </ul> <p><b><u>SYSTEMIC FACTOR: AGENCY RESPONSIVENESS TO COMMUNITY</u></b></p> <ul style="list-style-type: none"> <li>▪ Collaboration with internal and external stakeholders, National Resource Centers, and other public agencies/systems to support child welfare system improvement was also identified as an underlying priority area.</li> </ul>

*The content of this state profile was taken from the CFSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader.*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (6/1/04)	PROGRAM IMPROVEMENT PLAN (3/1/05)
Nevada	<p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>▪ There is a lack of follow-up in many cases with regard to conducting more in-depth evaluations to identify underlying problems such as mental illness, domestic violence, or substance abuse.</li> <li>▪ The agency had not made diligent efforts to involve parents and/or children in the case planning process. A key concern pertained to the lack of involvement of children in case planning.</li> <li>▪ The child welfare agency was not consistently effective in meetings children’s physical and mental health needs.</li> <li>▪ Children in in-home care are not required to have an assessment of their physical health needs unless they are brought to the agency’s attention for health reasons.</li> <li>▪ Availability and access to mental health assessments and services for children who are in the child welfare system is highly challenging, particularly in the rural region.</li> <li>▪ In 2002, the Nevada Rural Mental Health Consortium reported that the mental health needs of children either were not being met or that the services provided did not meet the level of need for the children.</li> </ul> <p><b><u>SYSTEMIC FACTORS: SERVICE ARRAY</u></b></p> <ul style="list-style-type: none"> <li>▪ Statewide Assessment indicates that there are an array of services for children and families in the State. Family reunification services include parenting education, homemaker, child care services, job development, and life skills workshops. Family support services include parenting classes, transitional housing, and case management. Flexible funds, contracted services, and collaborative agreements that are used to provide an array of services to support reunification, preservation, crisis intervention, and family support throughout the State.</li> <li>▪ There are long waiting lists for mental health service providers and that only children with the most serious emotional disorders are able to access treatment.</li> </ul>	

*The content of this state profile was taken from the CFSSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader. Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (6/1/04)	PROGRAM IMPROVEMENT PLAN (3/1/05)
Nevada	<ul style="list-style-type: none"> <li>▪ State and county-level stakeholders indicated that the Family Resource Centers located throughout the State provide prevention services through information, referral, and family case management.</li> <li>▪ Key services are lacking in all three CFSR sites.</li> <li>▪ According to the Statewide Assessment, DCFS Intensive Family Services staff provides both clinical assessments and home-based family preservation services in the rural regions.</li> <li>▪ Family preservation services are effective in meeting the individualized needs of children and families. Many of the resources are co-located in the same office, which helps families receive the individualized services they need.</li> <li>▪ Clark County has a Nevada PEP (Parents Encouraging Parents) project and funding for Neighborhood Care Centers for a strength-based, multi-disciplinary team approach to identify and meet the individualized needs of children and their families.</li> </ul> <p><b><u>SYSTEMIC FACTORS: AGENCY RESPONSIVENESS TO COMMUNITY</u></b></p> <ul style="list-style-type: none"> <li>▪ DCFS engages many stakeholders in the process of developing the Child and Family Services Plan and in preparing the annual reports of progress.</li> <li>▪ The IV-B Steering Committee provides recommendations to address the needs of children and families, has ongoing input into the development of the CFSP. Steering Committee members include representatives from Family Resource Centers, BIA, Family Voices, Nevada Parents Educating Parents, community advocates, and an expert in program evaluation.</li> <li>▪ The State is very responsive to input from the Committee Stakeholders also noted that DCFS has been very supportive of the Citizens Review Panel.</li> <li>▪ The State and the BIA are talking about developing a “cultural plan” for Native children when the Tribe cannot care for the child because of the child’s special needs.</li> </ul>	

*The content of this state profile was taken from the CFSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader. Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (6/1/04)	PROGRAM IMPROVEMENT PLAN (3/1/05)
Nevada	<ul style="list-style-type: none"> <li>▪ Stakeholders suggested that there is a general need for a closer working relationship between the State and the Tribes. They noted that there is no Tribal representation on State committees and policy-making boards.</li> <li>▪ DCFS needs to develop a better working relationship with Medicaid to communicate the needs and gaps in services for child welfare families.</li> </ul>	

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (5/6/04)	PROGRAM IMPROVEMENT PLAN (10/1/04)
New Jersey	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ The scarcity of prevention services is a key barrier to the agency’s ability to deliver services to families in a timely manner.</li> <li>▪ DYFS provides secondary and tertiary preventive services for families who have been subject to a child protective investigation. These services are provided to address risk and safety issues that must be resolved in order for children to remain in their homes. Intensive in-home services are provided to families to prevent out-of-home placement and to assist with the reunification of children with their families. Services include family preservation, parent aide support services, counseling, parenting skill enhancement, and other referrals.</li> <li>▪ An insufficient level of services results in long waiting lists that impede the agency’s ability to support a greater number of children and families in need of pre-placement prevention services.</li> </ul> <p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>▪ Parent involvement in case planning is increasing because DYFS has begun to use Family Group Conferencing (FGC) to develop the case plan.</li> <li>▪ Some families do not even receive their case plans, and some receive them but no effort is made to explain the plan to them with regard to the expectations or the implications of the plan.</li> <li>▪ DYFS policy requires that plans be developed with the child’s parent, unless they are unwilling to participate. Parents are encouraged to participate in case planning by invitations to court hearings, regional reviews, child placement reviews, and permanency hearings. Statewide Assessment notes that parents and relatives have the opportunity to take an active part in developing case plans through FGC.</li> <li>▪ It was noted that Family Group Conferencing is not conducted in all counties and on all cases. Findings of a parent survey</li> </ul>	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ A new Division of Prevention and Community Partnerships will be focused on getting services to children and families on a preventive level, bringing needed help to families that will hopefully resolve issues and preclude contact with the child protective services agency.</li> <li>▪ Implementation of Structured Decision Making SDM, with its “Safety Assessment” module, will assist in the development of safety plans to keep children safely in their homes.</li> <li>▪ Implementation of a One Family One Worker policy and practice; the continuity of this model will assist with the identification and provision of appropriate services to support the family.</li> <li>▪ Provision of an improved and expanded in-home and support services to help keep children at home. In-home services will allow children to attend the same schools, maintain family and community relationships, and stay involved in community activities.</li> </ul> <p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>▪ In a new model, our case practice rests on two core beliefs that will guide all our interactions with and services to families: (1) families will be partners in decision-making and (2) families will be able to identify their strengths and needs – and then access effective informal and formal supportive services in their own communities.</li> <li>▪ We have committed to Family Team Meetings as our primary vehicle for reorienting our agency to listen and deliver based on what our families and children tell us they need.</li> <li>▪ As DYFS looks to map, assess, and expand our service array, the agency will do so in concert with our</li> </ul>

*The content of this state profile was taken from the CFSSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader.*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (5/6/04)	PROGRAM IMPROVEMENT PLAN (10/1/04)
New Jersey	<p>indicating that most parents are not included in the process of identifying the family strengths, needs, or in determining the specific services that are needed.</p> <ul style="list-style-type: none"> <li>▪ There is a lack of mental health services for children in the State.</li> <li>▪ A new program, Partnership for Children, is designed to enhance mental health services for children; the State plans to eventually implement this program in every county.</li> </ul> <p><b><u>SYSTEMIC FACTOR: SERVICE ARRAY</u></b></p> <ul style="list-style-type: none"> <li>▪ DYFS provides secondary and tertiary pre-placement prevention services to children and families who have been the subject of a Child Protective Services investigation.</li> <li>▪ The following pre-placement prevention services are available: Family Preservation Services, Domestic Violence Core Services, a Healthy Families Program, Teen Parenting Programs, and a Child Protection Substance Abuse Initiative.</li> <li>▪ Regardless of location, there are not enough services to meet the needs of children and families.</li> <li>▪ Several stakeholders also voiced concern about the quality of some services that are offered to parents on a routine basis, particularly parenting education services. Parenting education services are offered to almost all parents, but because the effectiveness of these services has never been assessed, it is not known whether parents learn anything as a result of these classes or if their parenting behaviors changed in any way.</li> </ul> <p><b><u>SYSTEMIC FACTOR: AGENCY RESPONSIVENESS TO COMMUNITY</u></b></p> <ul style="list-style-type: none"> <li>▪ According to the Statewide Assessment, the perception on the part of families and the general public is that either collaboration activities do not take place or that they are unaware of them. Consequently, although there are many workgroups, committees, providers, and advisory bodies that represent the broad spectrum of child welfare that are active across the State, there is a need to explore new ways of sharing information and coordinating feedback.</li> </ul>	<p>community partners, through planning councils and community collaboratives. Partnering locally in support of understanding and improving our service array is also anticipated to spur awareness of culturally-appropriate services and/or lend to development of those services.</p> <ul style="list-style-type: none"> <li>▪ The two core beliefs speak directly to the issue of family involvement in case planning.</li> <li>▪ Key drivers of inclusion will be improving engagement through a One Family One Worker model; using Family Team Meetings; and individualized, coordinated case planning to promote collaboration and empowerment.</li> <li>▪ DYFS is working with many groups on a variety of activities geared to improve awareness and understanding, as well as to identify collaborative opportunities and strategies to support children in the education system.</li> </ul> <p><b><u>SYSTEMIC FACTOR: SERVICE ARRAY</u></b></p> <ul style="list-style-type: none"> <li>▪ Developing an appropriate array of services requires that we not only identify service needs but that we attend to the concrete as well as the intangible requirements of our service population. DYFS will work with the local community – through planning councils and community collaboratives - to map service assets and resources as well as to identify distinct local sensitivities. Additionally, the agency will review, and revise as necessary, the language of our contracts to ensure that we require that providers to remain responsive to the changing needs of their service population, and to ensure that we can take action as needed to enforce such contractual provisions.</li> <li>▪ Our vision is to partner with our communities to build the comprehensive array of services to satisfy each community's needs. We will work in partnership with</li> </ul>

*The content of this state profile was taken from the CFSSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader. Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (5/6/04)	PROGRAM IMPROVEMENT PLAN (10/1/04)
New Jersey	<ul style="list-style-type: none"> <li>▪ New Jersey has a number of collaborative efforts involving DYFS and various private and public agencies that are aimed at enhancing the coordination of service delivery to children and families that are jointly served by these entities. It was noted that the State supports and sponsors coordination of service provision among human service agencies at the individual case, local/county service, and State levels.</li> <li>▪ New Jersey also recognizes the need to coordinate services in complex cases. Collaborative Efforts include: The Partnership for Children, Regional Diagnostic and Treatment Centers (RDTC), The Court Improvement Project, Child Health Advisory Council, and Multidisciplinary Teams.</li> <li>▪ Service coordination with other agencies, such as mental health, education, juvenile justice, and substance abuse is not yet as strong as it needs to be to meet the needs of children and families.</li> </ul>	<p>local communities, provider agencies, child advocates, and community- and faith-based organizations and leaders to complete community-based asset mapping to identify services resources, needs and gaps. We want to help build local community capacity to provide services which meet the needs and gaps identified during the assessment mapping. The lead in this area will be the newly formed Division of Prevention and Community Partnerships.</p> <ul style="list-style-type: none"> <li>▪ DYFS will use SDM and the Family Team Meeting process to accurately, thoroughly, and collaboratively develop a statement of need and a plan specifying how needs will be addressed. The plan will be based on that family's strengths and respond to individual family needs rather than just offering services that are available.</li> <li>▪ A single case plan for families will help insure coordination of all agencies or providers involved with the family so that the array of services is clear – and to ensure against overlap and gaps and unreasonable scheduling.</li> </ul> <p><b><u>SYSTEMIC FACTOR: AGENCY RESPONSIVENESS TO COMMUNITY</u></b></p> <ul style="list-style-type: none"> <li>▪ Child Welfare Planning Councils will be created in every county, and geographically-based Community Collaboratives will be rolled out. They will work in partnership with the Division of Prevention and Community Partnership to map assets, services, resources, and to engage in the analysis of community needs, developing the information about service strengths and weakness that will be used in development of the CFSP.</li> <li>▪ As an immediate step to increase stakeholder involvement and feedback in the evaluation and</li> </ul>

*The content of this state profile was taken from the CFSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader. Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (5/6/04)	PROGRAM IMPROVEMENT PLAN (10/1/04)
New Jersey		development of the APSR, we will adjust the APSR reporting instructions to require inclusion of customer and referral source satisfaction data, as well as an explanation of, and results for, the provider's quality process.

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (9/19/03)	PROGRAM IMPROVEMENT PLAN (5/28/04)
New Hampshire	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ The police and the child welfare agency collaborate in responding to maltreatment reports and that this collaboration is effective.</li> <li>▪ The agency did not assess or address existing safety issues in the home, such as domestic violence, substance abuse, and the backgrounds of the people residing in the home.</li> <li>▪ There are a number of community-based services and home-based services available in the State to prevent children's removal from their homes or their re-entry into foster care after reunification. The in-home services available are usually successful in maintaining children safely in their own homes.</li> <li>▪ Services provided to the families included, but were not limited to, in-home family counseling, Parents Anonymous, parent aides, day care, respite care, after school care, wraparound services, parenting education, home-health care services, and housing assistance.</li> <li>▪ Community-based services for children and families are available and are used to prevent placement into foster care whenever possible.</li> </ul> <p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>▪ A range of specialists are co-located with DCYF in various district offices to improve service coordination, including experts in: child development, education, domestic violence, substance abuse, and health (nurses).</li> <li>▪ New Hampshire developed resources with local communities to serve families with medical, social and mental health needs.</li> <li>▪ New Hampshire promoted a family support agenda within DCYF and its bureaus.</li> </ul> <p><b><u>SYSTEMIC FACTORS</u></b></p> <ul style="list-style-type: none"> <li>▪ DCYF has funded Family Resource and Support Services throughout the State to provide prevention oriented home visiting and child care services since 1994. A new Comprehensive Family Support initiative was launched in</li> </ul>	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>• Improve array of and staff's knowledge of prevention services.</li> <li>• Agency will target resources for children most at-risk and assure that comprehensive family assessments address the underlying causes of risk.</li> </ul> <p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>• Structured-Decision-Making (SDM) Family Strengths and Needs Assessment and Family Strengths and Needs Review will be used to assess families' needs. Identify by District Office and enroll as DCYF providers specialized services needed by children and families: substance abuse councilors, dentists and mental health professionals that include those with training to work with sex offenders. Primary CPSW (Family Services, Permanency or Adolescent) is primary case manager and will collaborate with other specialists, not all of which are present in every District Office: Foster Care Health Program Nurse, Domestic Violence Program Specialist, Licensed Alcohol, Drug Abuse Counselors (LADAC), Mental Health Therapist.</li> <li>• All children/youth at home will have Home-Based Therapeutic Services available to them.</li> </ul> <p><b><u>SYSTEMIC FACTOR: SERVICE ARRAY</u></b></p> <ul style="list-style-type: none"> <li>• The State has in place an array of services that assess the strengths and needs of children and families and determine other service needs, address the needs of families in addition to individual children in order to create a safe home environment, enable children to remain safely with their parents when reasonable, and help children in foster and adoptive placements achieve permanency. Staff need to improve the identification of and treatment services for</li> </ul>

*The content of this state profile was taken from the CFSSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader. Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (9/19/03)	PROGRAM IMPROVEMENT PLAN (5/28/04)
New Hampshire	<p>2002 to provide services to families on a voluntary basis through a contractor in each of the 12 district office areas.</p> <ul style="list-style-type: none"> <li>▪ Statewide Assessment identifies deficits in the service array including long waiting lists for services for children in need of mental health, a lack of dental health services for children receiving Medicaid, a shortage of foster homes in some areas, and a lack of substance abuse treatment services resulting in long waiting lists for treatment.</li> <li>▪ Several stakeholders commented on the lack of coordination among agencies in providing services.</li> </ul>	<p>domestic violence, substance abuse, sexual abuse and mental health.</p> <ul style="list-style-type: none"> <li>• The state has an array of services that assess the strengths and needs of families in addition to individual children in order to create a safe home environment, enable children to remain safely with their parents whenever reasonable and help children in foster and adoptive placements achieve permanency.</li> <li>• The services in item 35 are accessible to families and children in all political jurisdictions covered in the State's CFSP. Access to transportation services for families connected to DCYF and/or DJJS will improve throughout the state.</li> </ul>

*The content of this state profile was taken from the CFSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader. Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (4/10/02)	PROGRAM IMPROVEMENT PLAN (4/1/03)
New Mexico	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ Contracts are maintained with community agencies to provide early intervention, prevention and intervention, and reunification services to families, children and youth. Services include counseling, mid-level family preservation, therapy, community education, parenting education, resource centers, home visitation, youth mentoring, classes for independent living, foster parent and adoptive family recruitment, foster parent support, child specific adoption and foster care home studies and post-legal adoption services. These services are available across the State, but urban areas have more choices and availability of services to prevent removal.</li> <li>▪ The intensity of family interaction with workers during FPS and time-limited reunification services were seen as areas of strength. CYFD is collaborating with the community and serves as an important part of the multi-disciplinary Child Fatality Review Team.</li> </ul> <p><b><u>SYSTEMIC FACTOR: TRAINING</u></b></p> <ul style="list-style-type: none"> <li>▪ CYFD is collaborating with community partners, including the universities around training issues.</li> <li>▪ There is evidence of a significant amount of cross training occurring within the community, including The Children’s Law Institute, an excellent collaborative effort between CFYD and the Court Improvement Project (CIP).</li> </ul> <p><b><u>SYSTEMIC FACTOR: SERVICE ARRAY</u></b></p> <ul style="list-style-type: none"> <li>▪ Virtually every stakeholder, both internal and external to the State agency, reported the erosion of the service array in recent years.</li> <li>▪ Despite the reported erosion in services, stakeholders reported and reviewers found evidence of successful efforts to individualize services.</li> <li>▪ According to stakeholders, family preservation services (FPS) can be individualized in some ways (either intensive or mid-level) to meet a family’s specific needs.</li> </ul>	<p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>• PSD collaborative effort with CYFD Prevention and Intervention, Managed Care Organizations, and Providers to increase medical and dental resources.</li> </ul> <p><b><u>SYSTEMIC FACTOR: SERVICE ARRAY</u></b></p> <ul style="list-style-type: none"> <li>• CYFD now has the capability to map resources to begin to identify and locate gaps in the service array. Domestic violence services funded by CYFD, will be mapped as well as behavioral health services and foster parent resources. Geographic service gaps will be addressed in the next RFPs that are issued by the Prevention and Intervention Division of CYFD.</li> <li>• Collaborate with other agencies to expand services to families affected by substance abuse, domestic violence, and mental health issues.</li> </ul> <p><b><u>SYSTEM-WIDE STRATEGIES THAT WILL IMPROVE OUTCOMES FOR CHILDREN AND FAMILIES</u></b></p> <ul style="list-style-type: none"> <li>▪ <u>Prevention of Shaken Baby Syndrome:</u> In 2002, New Mexico experienced a rise in the number of Shaken Baby reports received. Child Abuse Prevention Treatment Act (CAPTA) money was used to purchase videos, brochures and posters that will address prevention. Conversations with the Department of Health Newborn Screening Unit to collaborate on addressing the issue statewide have begun.</li> <li>▪ <u>New Mexico Multi-Disciplinary Conference on Serious Child Abuse:</u> In an effort to enhance collaboration with community partners, NM has worked collaboratively with the National Shaken Baby Alliance to present the New Mexico Multi-disciplinary Conference on Serious Physical Child Abuse. In March 2003, international and nationally recognized experts in the field of child abuse presented, along with state experts, to promote multi-</li> </ul>

*The content of this state profile was taken from the CFSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader.*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (4/10/02)	PROGRAM IMPROVEMENT PLAN (4/1/03)
New Mexico	<p><b><u>SYSTEMIC FACTOR: AGENCY RESPONSIVENESS TO COMMUNITY</u></b></p> <ul style="list-style-type: none"> <li>▪ Stakeholders consistently corroborated the statewide assessment, that there has been significant improvement during the period under review with respect to including community stakeholders in the CFSP planning and implementation process. Reviewers at both the State and local levels were provided examples of ongoing collaboration to extend and improve the delivery of key services such as medical, mental health, education, legal and intervention and prevention of child abuse and neglect. Local reviewers found evidence of effective intergovernmental relationships between CYFD and the Tribes.</li> <li>▪ NM's current efforts to improve services statewide include purposeful collaboration with other agencies to direct services toward families and children.</li> </ul>	<p>disciplinary approaches to identify and address serious physical child abuse.</p> <ul style="list-style-type: none"> <li>▪ New Mexico is improving upon the family-centered system of care by beginning to implement concurrent planning practices and Family Group Decision Making (FGDM).</li> <li>▪ <u>Family Group Decision Making (FGDM)</u> is being utilized in several counties and will increase family involvement in planning and decisions related to the best interests of children, increase family involvement in case planning and engage families in actively working toward permanency for their children.</li> <li>▪ <u>Community Partnerships:</u> Communities can be partners in protecting children. CYFD has begun conversations with the community and with staff around building a consensus as to what constitutes "risk" and what constitutes abuse and/or neglect through the creation of a Safety Team. Feedback from this group will inform policy, procedures, and practice changes for intake and investigation services. This group can also assist CYFD in targeting available contract funds.</li> <li>▪ <u>Children's Cabinet:</u> In January of 2003, the Children's Cabinet was created by Executive Order. The Children's Cabinet brings together the Cabinet Secretaries of a number of state departments for the purpose of enhancing collaboration and maximizing state resources to more effectively identify and meet the needs of children and their families.</li> </ul>

*The content of this state profile was taken from the CFSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader.*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (1/9/02)	PROGRAM IMPROVEMENT PLAN (4/14/03)
New York	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ Local social service districts are mandated to provide preventive services upon a determination that to do so will help to avert impairment or disruption in family functioning and allow children to remain at home with their families. Each local district must ensure availability of core placement prevention services, such as day care, homemaking, parent training, transportation, clinical services, respite care, and 24-hour emergency assistance for each child and his/her family.</li> <li>▪ There were a number of services put in place to prevent the child's removal from the home. In particular, there were better preventive services provided within the community for those families served through the private agencies. In the in-home cases, there was much more active case planning with families identifying the services that they needed.</li> <li>▪ There is an array of preventive services offered to families that allow children to safely remain at home including visiting nurse services provided to a family in order to prevent removal of an infant from the home.</li> </ul> <p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>▪ A group of seven services are designated as "core services". Each social services district must ensure the availability of these core services (either directly or by purchase of service access) for each child and his or her family whose service plan identifies such services as needed in order to prevent placement. The core services are: Day care; Homemaker services; Parent training or parent aide services; Transportation; Clinical services; Respite care and services and twenty-four hour access to emergency services, including cash or the equivalent in services, or goods, or shelter.</li> <li>▪ New York State has directly contracted with providers of services for two general purposes: (1) to try innovations in preventing unnecessary placements of children in foster care and (2) to develop services in under served communities or for under served, vulnerable families. The programs for which</li> </ul>	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ New York will, through an integrated set of action steps, strengthen district and agency practice in promoting safety, permanency and well-being through: engaging parents &amp; children; enhancing family supports; strengthening family visitation. Relevant action steps include: Enhancing Initial Engagement and Assessment; Family Conferencing and Early Engagement; and Enhancing Family Supports.</li> <li>▪ The increase in use of family group conferencing is intended to: increase the number of families who are actively involved in shaping their case plan; increase the involvement of family support systems in the implementation of the case plan; result in a greater investment by families in achieving the goals of the plan they established.</li> </ul> <p><b><u>SYSTEMIC FACTOR: SERVICE ARRAY</u></b></p> <ul style="list-style-type: none"> <li>▪ New York will undertake a set of actions that will increase collaboration between the Child Welfare system and the agencies whose services and supports are needed by the children and families receiving child protective, preventive services. This improved collaboration will increase children and families access to those services.</li> <li>▪ There will be an increased service array available to meet children's needs for safety in their home environment and more districts will have the array of services available that reflect their communities' needs.</li> <li>▪ Participating districts conduct comprehensive needs assessments and service inventories as part of their planning process so that emerging needs and/or gaps in the local service array are identified and addressed through the planning process.</li> </ul>

*The content of this state profile was taken from the CFSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader. Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (1/9/02)	PROGRAM IMPROVEMENT PLAN (4/14/03)
New York	<p>the State has contracted directly include: home visiting, respite services, family preservation centers, and additional programs to identify and provide needed pre-placement preventive services. These programs are: Intensive Home-Based Family Preservation Services; the Home Visiting Program; and the Preventive Housing Services Program.</p> <ul style="list-style-type: none"> <li>▪ There must be at least 12 casework contacts with a child and/or family in receipt of preventive services within each six-month period of services. The basic purpose of these contacts is to provide the opportunity for a thorough assessment of the family.</li> </ul> <p><b><u>SYSTEMIC FACTOR: SERVICE ARRAY</u></b></p> <ul style="list-style-type: none"> <li>▪ Local social services districts in New York State are mandated to provide preventive services upon a determination that to do so will help avert impairment or disruption in family functioning and allow children to remain at home with their family.</li> <li>▪ A group of seven services are designated as “core services” to prevent placement.</li> <li>▪ Developed additional programs to identify and provide needed pre-placement preventive services. Three of these are: Intensive Home-Based Family Preservation Services; Home Visiting program and Preventive Housing Services Program.</li> <li>▪ Improved collaboration and coordination at the local level was one of the key factors to bridging the services gaps and bringing about structured services access and delivery. State level leadership is key to moving this process along and should be expanded beyond current initiatives.</li> <li>▪ The State should continue its support of local efforts to promote community service delivery and even more aggressively pursue its engagement of sister agencies in promoting collaboration and coordination at the local level.</li> <li>▪ There continues to be barriers around full access to services such as: the lack of transportation, scheduling of services not convenient for birth parents, and the absence of a continuum of mental health services.</li> </ul>	<p><b><u>SYSTEMIC FACTOR: AGENCY RESPONSIVENESS TO COMMUNITY</u></b></p> <ul style="list-style-type: none"> <li>▪ OCFS will implement a set of actions to actively involve the Tribes in our planning and quality improvement efforts and to further enhance the development and provision of child welfare services available to Native American Tribes and their members.</li> </ul>

*The content of this state profile was taken from the CFCSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader. Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (1/9/02)	PROGRAM IMPROVEMENT PLAN (4/14/03)
New York	<p><b><u>SYSTEMIC FACTOR: AGENCY RESPONSIVENESS TO COMMUNITY</u></b></p> <ul style="list-style-type: none"> <li>▪ There are many examples of the State's responsiveness to the community. They include outreach to other State agencies; promotion of Partners for Children, a cross-system collaboration; seeking input on proposed child welfare spending plans from the New York Public Welfare Association (NYPWA), Council of Family and Child Caring Agencies (COFCCA), and TANF funding through the OCFS to support prevention and aftercare services.</li> <li>▪ There is particular need for more active outreach and inclusion efforts with respect to all NY's tribes.</li> <li>▪ There is particular need for sharing information, especially timely, and providing feedback to those the State calls upon for input.</li> <li>▪ OCFS is committed to a position of cooperation and collaboration with those other agencies wherever possible in the interest of promoting the delivery of needed services in a way that is least burdensome and most beneficial to the population served.</li> <li>▪ OCFS participates in a number of committees, task forces and special projects. These range from policy-making entities at the State level to locally administered, community-based initiatives based on State/local, public/private partnerships and include, but are not limited to, the Home Visiting Council, the Coordinated Children's Services Initiative, Communities Working Together for a Healthier New York, Collaborative Investments for Children, William B. Hoyt Trust Fund, Early Intervention Coordinating Council, Community Based Family Resource Program Interagency Advisory Board, Family Development Workgroup, Partners for Children and the Community Justice Forum.</li> <li>▪ There is much evidence of State OCFS efforts to coordinate services with other State and local agencies; these efforts have been especially effective through the OCFS Regional Offices.</li> </ul>	

*The content of this state profile was taken from the CFSSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader. Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (5/14/01)	PROGRAM IMPROVEMENT PLAN (12/28/01)
North Carolina	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ The Division has identified as an important issue the extent to which child safety may be enhanced by implementing a differential response system in their child protective services work. The Division is interested in learning if a different approach in the more “poverty-driven” situations will better enlist the cooperation of the family in receiving community – based services to assure child safety.</li> <li>▪ The recent increase in funding for child welfare positions in county DSS agencies has improved their internal staff capacity to provide home-based services to families in which children have suffered from maltreatment.</li> <li>▪ The availability of complementary, prevention-oriented services (e.g., mentoring, parent education) varies markedly across the state.</li> <li>▪ For the past several years, the Division has been working diligently to build partnerships between the publicly funded Family Preservation/Family Support programs and Family Resource Centers and public child welfare agencies.</li> <li>▪ Intensive Family Preservation Services (IFPS) has demonstrated to be an effective, secondary prevention program in the state. The Division is working hard to expand the program statewide.</li> </ul> <p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>▪ State legislation mandates Memorandum of Understanding between the state DSS and DMH as well as between county DSS and area mental health programs in order to access treatment funding for children with mental health needs.</li> </ul> <p><b><u>SYSTEMIC FACTOR: SERVICE ARRAY</u></b></p> <ul style="list-style-type: none"> <li>▪ Intensive preventive services are time-limited to 6 months.</li> <li>▪ The Division has collaborated with the Division of Mental Health and Substance Abuse Services to implement a process “New Beginnings” to meet the behavioral health needs of children in care and to prevent children from coming into care solely to have their behavioral health needs met.</li> </ul>	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ Design a structured decision-making model for safety assessments</li> <li>▪ Implement Team decision-making that ensures family participation. Implement a more family-centered and team-oriented approach; “nothing about me without me” concept incorporated across program lines.</li> <li>▪ Develop and implement a model of practice for the consistent provision of In-Home Services.</li> <li>▪ Build capacity of Family Resource Centers funded by the Division to provide in-home services to families in contact with the child welfare system.</li> <li>▪ Continue to build SOC in partnership with Division of Mental Health, Department of Juvenile Justice and Department of Public Instruction.</li> </ul>

*The content of this state profile was taken from the CFPSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader.*

Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)

**FRIENDS National Resource Center for Community-Based Child Abuse Prevention**

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (5/14/01)	PROGRAM IMPROVEMENT PLAN (12/28/01)
North Carolina	<ul style="list-style-type: none"> <li>▪ Family preservation services, Intensive family preservation services are community-based. Family Resource Centers and Family Support programs are provided to strengthen and support families as a preventive measure to decrease child abuse and neglect and to keep families intact.</li> <li>▪ Through the Department of Public Health, the Healthy Families Program provides intensive home visitation to families with newborns and those families that are at-risk.</li> <li>▪ A particularly innovative service is the collaborative program with the medical community implemented in 24 counties that includes intensive primary prevention services with frequent home visits. These services focus on providing early medical intervention and working with families on responding to children's developmental and parenting issues.</li> <li>▪ Other noteworthy services highly regarded as important resources were the Family Center and a Community Child Development Partnership.</li> <li>▪ Family Preservation Services are available in 68 counties, with ultimate plans to expand the service statewide. Fifty-four Family Resource Centers and fifteen Family Support Programs are partially or fully funded through title IV-B, part B dollars. In addition, there are 24 sites that provide home visitation prevention services.</li> <li>▪ Family Support Services are open to any family desiring the services. For the most part, these services are not housed in a department of social services, but rather are community-based.</li> <li>▪ When Family Preservation Services are available, they are seen as a valuable in-home service that helps prevent placement into foster care.</li> </ul> <p><b><u>SYSTEMIC FACTOR: AGENCY RESPONSIVENESS TO COMMUNITY</u></b></p> <ul style="list-style-type: none"> <li>▪ Throughout the year, DSS solicits and receives feedback from external community stakeholders including the Family Preservation and Family Support Steering Committee and the</li> </ul>	

*The content of this state profile was taken from the CFPSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader.*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (5/14/01)	PROGRAM IMPROVEMENT PLAN (12/28/01)
North Carolina	<p>Families for Kids Collaborative regarding the DSS child welfare system. This feedback is incorporated into policy development.</p> <ul style="list-style-type: none"> <li>▪ There is an overall healthy sense of cooperation between DSS and law enforcement, courts, mental health, child advocacy, and other child- and family-serving agencies in the community.</li> <li>▪ Strong collaborative partnerships exist resulting in DSS staff consulting regularly with other child and family-serving entities and responding to concerns.</li> <li>▪ Efforts are ongoing to maintain supports for Tribal children and families. Through a contract between DSS and the Cherokee Center for Family Services, intensive family preservation services are available to Cherokee families across three counties. The working relationship between DSS and the Eastern Band of the Cherokee Indian Tribe is particularly positive at the State level.</li> <li>▪ DSS social workers and public school teachers coordinate efforts in providing services to children. Teachers frequently provide guidance to social workers on the behavioral characteristics of children in their caseloads as well as making their ideas known during agency review team meetings.</li> <li>▪ DSS has strong collaborative partnership relationships resulting in memoranda of understanding, cross-training, joint training, and community education of agency policies and mission.</li> <li>▪ In some localities, one-stop-shop centers exist in cooperation with other Federal or federally assisted programs serving the same population.</li> </ul>	

*The content of this state profile was taken from the CFSSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader.*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (5/15/02)	PROGRAM IMPROVEMENT PLAN (11/13/03)
North Dakota	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ Some stakeholders expressed the opinion that the use of family focused and family preservation services helps prevent repeat maltreatment.</li> <li>▪ Other stakeholders noted that in areas in which these services are not available, there is a lack of ongoing assessment for families beyond the initial safety/risk assessment, and this contributes to the incidence of repeat maltreatment.</li> <li>▪ The agency had made diligent efforts to provide services to prevent a child's placement in foster care. This finding is consistent with information provided in Statewide Assessment regarding the CFS placement prevention efforts.</li> <li>▪ North Dakota provides a range of services, strength-based, intense, goal-based and time-limited – that are designed to help families alleviate crises that might create an environment in which children are maltreated or need to be placed outside of their homes.</li> </ul> <p><b><u>SYSTEMIC FACTOR: QUALITY ASSURANCE SYSTEM</u></b></p> <ul style="list-style-type: none"> <li>▪ North Dakota requires a Risk Assessment to be completed every 90 days while families are receiving family preservation services following the Child Protective Services risk assessment.</li> </ul> <p><b><u>SYSTEMIC FACTOR: SERVICE ARRAY</u></b></p> <ul style="list-style-type: none"> <li>▪ CFS provides a wide range of services through the eight Regional Human Service Centers and 53 county Social Services Boards. These services are designed to help children safely and appropriately remain or return to their families. Family preservation services are designed to help families alleviate crises that might lead to maltreatment of children and/or placement of children out of their homes.</li> <li>▪ Children and birth parents receive a range of services depending on their needs.</li> <li>▪ Services enable children to remain safely with their parents when reasonable.</li> <li>▪ Services mentioned as particularly noteworthy were intensive</li> </ul>	<p><b><u>TRAINING</u></b></p> <p>A cross system work group is in the process of developing a wraparound certification training curriculum using the strength-based wraparound planning process and the second week of the child welfare certification training (Family Social Work) as the base. A team of cross system trainers will present the training hence modeling the cross system planning</p> <p><b><u>IMPLEMENTATION OF THE WRAPAROUND PROCESS</u></b></p> <p>The implementation of the wraparound process in the child welfare system in North Dakota will address the following areas needing improvement cited in our final State Assessment. Specifically, this process will improve:</p> <ul style="list-style-type: none"> <li>• Safety Outcome 1: Repeat Maltreatment (item 2); and</li> <li>• Safety Outcome 2: Risk of Harm to Child (item 4);</li> <li>• Permanency Outcome 1: Foster Care Re-Entries (item 5);</li> <li>• Well-being Outcome 1: Needs and Services of Child, Parents, and Foster Parents (item 17);</li> <li>• Well-being Outcome 1: Worker Visits with Child (item 19);</li> <li>• Well-being Outcome 3: Mental Health of Child (item 23).</li> </ul> <p>North Dakota is implementing a wraparound process consistent with the objectives of the outcomes in the CFSR. Wraparound includes a definable planning process involving the child and family that results in a unique set of community services &amp; supports individualized for that child and family to achieve a positive set of outcomes.</p> <p>The wraparound process will improve the CFSR outcomes by having:</p> <ul style="list-style-type: none"> <li>▪ Strong and thorough strengths discovery that</li> </ul>

*The content of this state profile was taken from the CFSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader. Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (5/15/02)	PROGRAM IMPROVEMENT PLAN (11/13/03)
North Dakota	<p>in-home services and family focused services to prevent placement.</p> <p><b><u>SYSTEMIC FACTOR: AGENCY RESPONSIVENESS TO COMMUNITY</u></b></p> <ul style="list-style-type: none"> <li>▪ The Department coordinated services provided under the CFSP with agencies that serve the same populations, including but not limited to: Children’s Services Coordinating Committee is involved in planning and coordination of service for children at-risk and Family Focused Services Supervisors who provide assistance with specific training efforts.</li> <li>▪ Despite this excellent collaboration and communication at the State level, several stakeholders noted that county child welfare agencies are not actively involved in these collaborative efforts.</li> </ul>	<p>identifies areas of needs, risks, safety and strengths.</p> <ul style="list-style-type: none"> <li>▪ Clearly defined treatment plans.</li> <li>▪ Individualized treatment plans.</li> <li>▪ Stronger engagement with families.</li> <li>▪ Detailed safety plans.</li> <li>▪ Life domains chosen for goals in prioritized areas.</li> <li>▪ Attention and efforts focused on tasks that will lead to goal attainment</li> <li>▪ Reflecting what families will do differently.</li> <li>▪ Methods chosen based on family’s culture and preferences, whenever possible.</li> </ul> <p>The planning will include involvement of the family, with a team they have identified. Each family’s team will have both formal and natural support members. The complexity of the teams will be determined by the families’ needs.</p>

*The content of this state profile was taken from the CFSP final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader. Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (1/8/03)	PROGRAM IMPROVEMENT PLAN (12/3/03)
Ohio	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>Services to family to protect child(ren) in home and prevent removal Reviewers determined that the agency had made diligent efforts to provide services to prevent children's placement in foster care while ensuring their safety in their homes. This determination is consistent with information provided in the Statewide Assessment regarding the development of safety plans for each child, followed by a comprehensive risk assessment.</li> </ul> <p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>Found that ODJFS was not consistently effective in meeting children's physical or mental health needs, although in most cases, these needs were adequately addressed. The key problems identified with respect to physical health services were that health screening and services were delayed for some children, and some children were not receiving preventive care or services to meet identified health needs.</li> </ul> <p><b><u>SYSTEMIC FACTOR: SERVICE ARRAY</u></b></p> <ul style="list-style-type: none"> <li>Wide array of services available to meet the needs of children and families served by the child welfare system. However, stakeholders also noted that there are long waiting lists for many of the services, particularly mentoring, mental health, and substance abuse treatment services for women. Some stakeholders reported that there is a significant service gap in the area of dental services. Another service gap identified was a secure facility for juvenile sex offenders. Other stakeholders expressed concern about the lack of culturally appropriate services for the growing Hispanic and Somalian populations.</li> <li>Several stakeholders praised specific services available to families, such as parenting education, homemaker services, and family preservation services. A few stakeholders identified a program called Help Me Grow as having the potential to contribute to attaining permanency, safety, and well-being for children. Another program—Family to Family—was described as</li> </ul>	<p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>Since 1999, the Ohio General Assembly has allocated 4 million dollars annually to the Ohio Department of Alcohol and Drug Addiction Services (ODADAS) for the provision of such programming at the local level. To better meet the special needs of children in the child welfare system whose parents struggle with substance abuse, ODADAS expanded the use of these dollars to fund prevention and educational services during this past year.</li> <li>Promote the provision of specialized programming for children of parents who are addicted to alcohol or other drugs. These efforts include, but are not limited to, meetings with local service providers, prevention coalitions, board associations, and provider councils.</li> </ul> <p><b><u>SYSTEMIC FACTOR: SERVICE ARRAY</u></b></p> <ul style="list-style-type: none"> <li>Through The Ohio Mental Health Network for School Success, regional collaborative networks have been developed to identify local needs and opportunities to provide a continuum of supportive services. Membership of the regional networks includes: families, educators, mental health boards, mental health providers and other community partners.</li> <li>Encourage the establishment of multi-disciplinary teams and other collaborative models for assessments, case planning, and the monitoring of service provision to address issues which require involvement of multiple agencies (e.g., domestic violence, mental health, education, substance abuse, mental retardation &amp; developmental disabilities).</li> </ul>

*The content of this state profile was taken from the CFSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader.*

Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)

FRIENDS National Resource Center for Community-Based Child Abuse Prevention

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (1/8/03)	PROGRAM IMPROVEMENT PLAN (12/3/03)
Ohio	<p>effective in building service capacity at local community levels.</p> <ul style="list-style-type: none"> <li>• Another program praised by some stakeholders is the SOPP (School Outreach Prevention Project) program, providing services to children and their families at home and school. There are eleven prevention specialists in the program. All six school districts within the county are served. The program focuses on children in grades kindergarten through 8. It also has an abstinence (teen pregnancy prevention) program aimed at the middle school level, the “RSVP” program. Other programs receiving praise from stakeholders were Family and Children First, ProtectOHIO, and Family Stability.</li> <li>• Unstable and disparate funding from county to county, and insufficient availability of services such as mental health and substance abuse treatment, negatively affects Ohio’s ability to deliver needed services to children and families.</li> <li>• Some stakeholders noted that in rural areas, and in the Appalachian areas in particular, the necessity to travel long distances to access services and the correlating need for transportation services, present significant challenges to efforts on the part of local child welfare agencies to access services for children and families. Stakeholders identified a number of service gaps specific to their communities, including housing, placement resources for juvenile sex offenders, mental health services, independent living services, inpatient alcohol/drug treatment, residential treatment for girls, therapeutic foster care, wraparound/community-based services, transitional services for the MRDD population, services for the developmentally delayed, treatment resources for adult and youth sexual abusers, residential facilities, childcare, and transportation.</li> </ul> <p><b><u>SYSTEMIC FACTOR: AGENCY RESPONSIVENESS TO COMMUNITY</u></b></p> <ul style="list-style-type: none"> <li>▪ The State has extensive consultation with and attention to the concerns of consumers, service providers, foster care</li> </ul>	

*The content of this state profile was taken from the CFCSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader. Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (1/8/03)	PROGRAM IMPROVEMENT PLAN (12/3/03)
Ohio	<p>providers, courts, and other public and private and family-service agencies and involves them in the development of the Child and Family Services Plan.</p> <ul style="list-style-type: none"> <li>▪ Child Welfare Reform Shareholders Group, formed in 1999, as a partnership designed to assist ODJFS in improving quality services to children, support families, and strengthen communities. In addition to the 43 members of the group, more than 400 Ohioans participated on nine subcommittees. Members include parent advocates, staff from public and private child-serving agencies, child care providers and personnel from statewide advocacy organizations.</li> <li>▪ Stakeholders praised ODJRS for its collaboration with the community and noted that Ohio has a very inclusive process for involving all parties in the CFSP. There is a lot of reaching out to the community and community members are encouraged to attend board meetings.</li> <li>▪ One strategy used to coordinate the services of the CFSP with the services and benefits of other public and private agencies serving the same general population is the establishment of county family services planning committees. These committees serve as advisory boards to the county commissioners regarding the family services provided in the county. Among the composition of the Committees are consumers of family services and other public and private entities that provide family services.</li> </ul>	

*The content of this state profile was taken from the CFSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader. Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (7/1/02)	PROGRAM IMPROVEMENT PLAN (1/22/03)
Oklahoma	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ DHS is reviewing cases in which maltreatment recurs in order to identify potential contributing factors, and is in the process of implementing significant reforms to increase the use and effectiveness of prevention services.</li> <li>▪ DHS makes diligent efforts to maintain children safely in their homes by providing services to families to prevent placement or support reunification.</li> <li>▪ The agency contracted for an independent evaluation of its preventive services. The evaluation revealed extensive variation in the types and quality of preventive services and questioned the effectiveness of key practices.</li> <li>▪ Often families were referred to the Comprehensive Home-Based Services program and services are made available to parents to prevent removal and maintain children safely at home including day care and after school care, employment services, housing services, services to improve the home environment, financial, educational and transportation services for parents.</li> <li>▪ The agency is less consistently effective in managing risk when children remain at home.</li> <li>▪ While the availability of pre-placement and prevention services was considered to be an asset to the agency, there was extensive variation in the types and quality of services. Based on this evaluation, preventive services programs throughout the State are being redesigned and reassessed to increase their effectiveness in reducing risk to children.</li> </ul> <p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>▪ There is a lack of consistency among DHS workers with regard to involving families in developing case plans. Case plans are developed for families without their input and then presented to the families for signature.</li> <li>▪ Family group conferencing is available on only a limited basis because no funds are available to expand it.</li> </ul>	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ Effectiveness of Prevention Services: Studies have revealed the need to significantly improve the effectiveness of prevention services. This need is being addressed through reassignment of case management responsibilities to private providers as well as clarified contractual expectations.</li> </ul> <p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>▪ <u>Strategy</u>: Increase the consistency and use of safety assessment protocols, safety planning and voluntary service referrals for children in their own homes.</li> <li>▪ <u>Intended Effects</u>: Increase safety and provide services that address risk and reduce repeat maltreatment through coordinated prevention services. Safety protocols will influence the quality and success of in-home services. Transfer of prevention service responsibility will promote child safety through contractor increased visitation requirements and structured intervention. OKDHS staff reallocation will enhance service capacity.</li> <li>▪ <u>Strategy</u>: Increase child and family access to medical, dental and mental health services.</li> <li>▪ <u>Intended Effects</u>: Increase availability of professional services to children and families. Improved access will impact the quality and success of in-home and out-of-home services.</li> </ul>

*The content of this state profile was taken from the CFSSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader.*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (7/1/02)	PROGRAM IMPROVEMENT PLAN (1/22/03)
Oklahoma	<p><b><u>SYSTEMIC FACTOR: SERVICE ARRAY</u></b></p> <ul style="list-style-type: none"> <li>▪ The State has programs that assist with all different levels of prevention including primary, secondary and tertiary programs. One of the key services provided is through Oklahoma Children’s Services (OCS), a statewide program that provides pre- placement preventive services and reunification services. Comprehensive Home-Based Services (CHBS), a component of OCS, offers specific home-based child welfare services and incorporates existing community services and resources through a partnership of contract case managers and child welfare agency staff. Services are culturally competent and linguistically appropriate. The standard service period is six months.</li> <li>▪ Beginning in SFY 2002, the CHBS program will be redesigned to better address the risk factors that most significantly impact subsequent referrals. The model program, based on Project SafeCare in California, will be piloted in two areas of the State and will be evaluated and compared with a control group receiving an improved version of current OCS services.</li> </ul> <p><b><u>SYSTEMIC FACTOR: AGENCY RESPONSIVENESS TO COMMUNITY</u></b></p> <ul style="list-style-type: none"> <li>▪ Oklahoma implemented systems that provide multiple opportunities for stakeholder involvement in both service evaluation and planning. Over 1250 internal and external stakeholders participated as reviewers or respondents in the State-administered CFSR during 2001.</li> <li>▪ The Department’s coordination of services with other public or private agencies serving the same general population is good.</li> <li>▪ CFSR process includes focus groups with various Tribal representatives to obtain input on their concerns and needs.</li> <li>▪ DHS tribal liaisons are not as helpful as they could be in facilitating coordination and collaboration.</li> <li>▪ Tribal representatives have expressed concern that Native American children are not always identified and that Tribes are not always notified of child abuse and neglect</li> </ul>	

*The content of this state profile was taken from the CFSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader.*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (7/1/02)	PROGRAM IMPROVEMENT PLAN (1/22/03)
Oklahoma	investigations or assessments or of the delivery of preventive services.	

*The content of this state profile was taken from the CFSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader. Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)*

**FRIENDS National Resource Center for Community-Based Child Abuse Prevention**

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (8/3/01)	PROGRAM IMPROVEMENT PLAN (7/9/02)
Oregon	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ The System of Care initiative, the IV-E waiver project, the Family Support Teams and the Community Safety Net program provide a variety of innovative and flexible services to children in-home and to prevent removal.</li> <li>▪ More Family Decision Meetings (FDMs) are being held with families where the child is not removed from the home. Through this process, SCF staff and families work together to meet the child's safety and well-being needs, while maintaining the child in their own home and preventing removal.</li> </ul> <p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>▪ System of Care and Family Decision Meetings emphasize strengths/needs-based planning and provide flexible funds for this purpose.</li> <li>▪ Emphasis has been on the child's safety needs and less emphasis has been given to the other life needs of children including educational, social, and well-being.</li> <li>▪ Advanced System of Care training is needed, with a focus on more skill development rather than philosophy and more focus on child well-being, including education, physical needs and mental health.</li> <li>▪ All children in SCF care received immediate health care coverage through the Oregon Health Plan and have physical, mental health and dental coverage.</li> <li>▪ Most cases had mental health screenings and mental health assessments.</li> <li>▪ Flexible funding is used to meet mental health needs because of a commitment to meet children's needs in a timely manner.</li> </ul> <p><b><u>SYSTEMIC FACTOR: SERVICE ARRAY</u></b></p> <ul style="list-style-type: none"> <li>▪ A wide array of services is available for families and children in Oregon. Safety nets provide preventive services to families screened out of the SCF system.</li> <li>▪ Stakeholders provided examples of good collaboration with community partners such as Head Start and Healthy Start to</li> </ul>	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ Statewide and community-based practice protocols will focus on issues of neglect and develop a comprehensive, collaborative response to improving interventions and service to this population.</li> <li>▪ Utilize existing research and national resources to create, implement and train to a single DHS policy with standards, tools and procedures for assessing child safety/risk factors present and care giver capacity at critical case junctures which may include: screening; placement and consideration of return home or alternative permanent placement; starting and ending services to enhance care.</li> <li>▪ Realign treatment services for parents to focus on child safety issues using Cohort, System of Care and IV-E Waiver data. This will include collaboration with partners and treatment providers. Services should be individualized, timely, have a research-based likelihood of effectiveness, and be focused on parental behavior change. Services should demonstrate that the parent has achieved the necessary behavioral changes before the child is returned to the parent.</li> </ul> <p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>▪ Children's, teenagers', and parents' needs will be adequately assessed; appropriate services to meet needs will be identified at all critical junctures in a case; caseworkers will be able to use strengths/needs-based practice to engage and motivate family members to participate in services, and there will be evaluation of improvement in parenting capacity.</li> </ul>

*The content of this state profile was taken from the CFSSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader. Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (8/3/01)	PROGRAM IMPROVEMENT PLAN (7/9/02)
Oregon	<p>meet service needs of families.</p> <ul style="list-style-type: none"> <li>▪ Safety nets are a strength in serving families before earlier problems escalate.</li> </ul> <p><b><u>SYSTEMIC FACTOR: AGENCY RESPONSIVENESS TO COMMUNITY</u></b></p> <ul style="list-style-type: none"> <li>▪ SCF has been engaged in a variety of efforts to coordinate its services with the services and benefits of other public and private agencies serving the same general populations of children and families. SCF has participated in the DHS Service Integration Initiative for the past several years and has partnered with Mental Health, Adult and Family Services, Medicaid, Oregon Youth Authority, Drug and Alcohol Programs, Health Division and with other state and local agencies.</li> <li>▪ Stakeholders cited numerous examples of positive ongoing collaboration and multi-disciplinary partnerships both at the systems level and the case level.</li> </ul>	

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (11/21/02)	PROGRAM IMPROVEMENT PLAN (5/1/03)
Pennsylvania	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ The services provided included, but were not limited to parenting classes, mental health assessments and counseling, family preservation services, wraparound services, and support groups.</li> <li>▪ There is a wide range of services available to families to protect children in their homes and prevent removal, including intensive family preservation and other types of flexible and individualized services.</li> <li>▪ Family Centers are available in 78 communities as resources for family support in reunification and prevention. Individual counties include family preservation services in the continuum of services available in their agency.</li> <li>▪ It appears that while the counties have a wide variety of placement prevention services available, they are not consistently offered in every case, or, if provided, are not always at the level required to meet the families' needs.</li> </ul> <p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>▪ The agency is effective in early identification of the needs of families and children and in linking families to a wide array of available services.</li> <li>▪ There are agency Practice Standards and regulations pertaining to family involvement in case planning. This means that families are encouraged and provided the opportunity to identify their needs and the specific services to meet those needs; identify family strengths; include family members and significant others in the planning process; identify individual and family goals for the safety and well-being of the children; and participate in the evaluation of progress toward goal achievement. Planning Standards suggest that the caseworker engage parents, extended family, and substitute caregivers in a mutual ongoing process that builds upon strengths and addresses identified needs. These standards also address the issue of family involvement as it relates to participation in the evaluation of service effectiveness and the</li> </ul>	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ Expand the audience for relevant training to include county and private agency teams, cross- system county-based teams and county and juvenile court teams.</li> </ul> <p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>▪ Identify evidence-based practice and program models that could be implemented in public and private agencies to improve family involvement in case planning.</li> </ul>

*The content of this state profile was taken from the CF SR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader.*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (11/21/02)	PROGRAM IMPROVEMENT PLAN (5/1/03)
Pennsylvania	<p>impact on service planning.</p> <ul style="list-style-type: none"> <li>▪ The agency provides routine preventive physical and dental care to all children in out-of-home care.</li> </ul> <p><b><u>SYSTEMIC FACTOR: SERVICE ARRAY</u></b></p> <ul style="list-style-type: none"> <li>▪ OCYF regulations require that all counties provide the following services: Intake, Investigation, and Assessment, placement prevention services (including counseling, parent education, homemaker/caretaker, day-care and day treatment), and emergency and planned temporary placement services (including emergency placement, foster family care, and residential child care). OCYF regulations permit counties to fund services that will prevent the entry of families and children into the formal children and youth or juvenile probation systems.</li> <li>▪ The on-site review in all counties identified a “rich and strong array” of services available to meet the needs of families, many of which are community-based and preventive services. There is a strong collaboration with private providers and a strong collaboration at the State level, helping the agency move toward a seamless system of services for families.</li> <li>▪ Family Centers strengthen families by focusing on adult education, training and employment, language skills, access to health care services for children, child development, parenting, and family support to preserve the family unit. Other programs and services include the Fatherhood Initiative, the Children’s Trust Fund, and Preventing Abuse and Neglect through Dental Awareness (PANDA), which educates dentists in identifying abuse and neglect; as well as a new program to help doctors, hospitals, and nursing staff identify Shaken Baby Syndrome.</li> <li>▪ The State blends its funding resources to build a comprehensive array of services with a great deal of creativity. Stakeholders in one site noted that emergency funds are available to provide specialized services in order to prevent placement or support reunification.</li> </ul>	

*The content of this state profile was taken from the CFSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader. Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (11/21/02)	PROGRAM IMPROVEMENT PLAN (5/1/03)
Pennsylvania	<p><b><u>SYSTEMIC FACTOR: AGENCY RESPONSIVENESS TO COMMUNITY</u></b></p> <ul style="list-style-type: none"> <li>▪ OCYF engages external stakeholders through invitations to meetings and public hearings, and through inclusion in program and practice-setting work groups. Efforts to consult and coordinate with external community stakeholders in the development of the State's CFSP are indicated through involvement of many stakeholder groups throughout the State - through focus groups, team membership, and surveys.</li> <li>▪ Stakeholders praised the agency's level of collaboration with the community, service providers, and other agencies, and noted that the community has input into agency planning. Stakeholders identified special collaborations and partnerships with the Amish and Mennonite communities, the Department of Education, the Department of Public Welfare (DPW), and the Court Improvement Project.</li> <li>▪ The State and counties have developed strong collaborations with private providers.</li> <li>▪ Counties are required to develop local collaborative boards.</li> <li>▪ County child welfare agencies have interagency agreements with local county assistance offices to assure the coordination of service plans between the two agencies. State departments have memorandums of understanding identifying areas of responsibility and accountability.</li> <li>▪ Child and Adolescent Service System (CASSP), spearheaded by the Office of Mental Health, is an additional collaborative effort designed to facilitate coordinated services.</li> <li>▪ Juvenile Justice and Delinquency Prevention Committee serves in an advisory capacity for planning and programming related to juvenile delinquency prevention and the reduction and prevention of violence by and against children.</li> <li>▪ The agency has been assertive about reaching out to other federally funded programs to coordinate services, early intervention, Head Start, Healthy Beginnings, child support, TANF, and HUD.</li> </ul>	

*The content of this state profile was taken from the CFSP final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader. Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (11/21/02)	PROGRAM IMPROVEMENT PLAN (5/1/03)
Pennsylvania	<ul style="list-style-type: none"> <li>▪ Some stakeholders expressed concern that there is insufficient collaboration between the agency and MH/MR/Drug and Alcohol agencies which results in a lack of coordination in service delivery for families with multiple problems.</li> </ul>	

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (12/8/03)	PROGRAM IMPROVEMENT PLAN (10/22/04)
Puerto Rico	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ The agency attempts to prevent maltreatment recurrence by keeping cases open for services even when the child remains in the home.</li> <li>▪ A few stakeholders reported that if children remain in the home, the family is less likely to participate in services than if children are removed, and the failure to access services may result in maltreatment recurrence.</li> <li>▪ Key concerns identified with respect to this outcome were (1) a lack of services in the communities to meet the needs of children and families; and (2) a lack of consistent and comprehensive assessments of needs, due primarily to infrequent contact between caseworkers and the children and parents on their caseloads.</li> <li>▪ Administración de Familias y Niños ADFAN provides a range of services under the “School for Family Life Program” as alternatives to placement. The program provides family workshops focused on preventing the recurrence of child abuse and keeping families together.</li> <li>▪ The services and activities are scheduled during regular office hours and, consequently, some families are unable to participate. Placement-prevention services, such as Corsum and Homebuilders, are offered in the Bayamon and Mayagüez regions, but the financial cost of these services has not allowed further expansion to other regions.</li> </ul> <p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>▪ ADFAN was not consistently effective with regard to (1) assessing needs and providing services to children, parents, and foster parents; (2) involving children and parents in case planning; and (3) establishing face-to-face contact between caseworkers and children and parents that was of sufficient frequency and quality to ensure children’s safety and/or promote attainment of case goals.</li> <li>▪ ADFAN is effective in meeting the children and families’ immediate needs.</li> </ul>	<p><b><u>STRATEGY</u></b></p> <ul style="list-style-type: none"> <li>▪ Strengthen the family to prevent removal and expedite permanency for children.</li> <li>▪ Promote agency and community-based services to the families.</li> </ul> <p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ Implement the “Home Builders” Model (H.B.M.) at the San Juan Region.</li> <li>▪ Revise the School for Family Life Model (SFL) to focus on developing parenting skills and prevent repeat maltreatment.</li> </ul> <p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>▪ The agency will enhance its capacity to address the needs of the children by implementing and monitoring consistent documentation of the comprehensive family assessment of physical, emotional and educational strengths and needs of the families by means of a standardized assessment instrument.</li> </ul>

*The content of this state profile was taken from the CFSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader.*

Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)

**FRIENDS National Resource Center for Community-Based Child Abuse Prevention**

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (12/8/03)	PROGRAM IMPROVEMENT PLAN (10/22/04)
Puerto Rico	<ul style="list-style-type: none"> <li>▪ The scarcity of resources prevents the agency from providing comprehensive services.</li> <li>▪ ADFAN is not consistent in meeting the physical health needs of children in in-home services cases. ADFAN is not consistently effective in meeting children's mental health needs, particularly children in the in-home services cases.</li> </ul> <p><b><u>SYSTEMIC FACTOR: SERVICE ARRAY</u></b></p> <ul style="list-style-type: none"> <li>▪ Services praised by stakeholders included Home-Builders family preservation services, although stakeholders noted that the availability of these services is limited.</li> </ul> <p><b><u>SYSTEMIC FACTOR: AGENCY RESPONSIVENESS TO COMMUNITY</u></b></p> <ul style="list-style-type: none"> <li>▪ ADFAN makes concerted efforts to engage in ongoing consultation with stakeholders. Local-level stakeholders noted that the agency seeks input from community groups to identify needs, develop agency goals, and provide services.</li> </ul>	

*The content of this state profile was taken from the CFSSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader. Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (9/8/04)	PROGRAM IMPROVEMENT PLAN (8/15/05)
Rhode Island	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ Services provided to the families included, but were not limited to, parent groups, supervised visitation, in-home parent aide services, parent advocacy and education, home-based early intervention, day care and respite care, therapeutic recreation, intensive wraparound services, and visiting nurse services.</li> </ul> <p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>▪ There is little parental input in the development of case plans. Case plans tend to be developed by the caseworker and presented to the family, with a modicum of discussion at the time of the initial assessment.</li> <li>▪ Although a Family Team Meeting approach to case planning has been implemented by the agency to facilitate parental involvement, stakeholders expressed the opinion that caseworkers have not fully embraced this practice.</li> <li>▪ When family team meetings are held, parents and youth are engaged in case planning.</li> <li>▪ Case management teams are an effective approach to engaging parents in the case-planning process.</li> <li>▪ Case management teams tend to be convened only for 'the most difficult cases'.</li> </ul> <p><b><u>SYSTEMIC FACTOR: SERVICE ARRAY</u></b></p> <ul style="list-style-type: none"> <li>▪ DCYF offers a wide array of services. This includes several community-based prevention programs and neighborhood-based family support/resource centers, and family preservation programs.</li> <li>▪ Several programs have been highly effective in improving the safety and permanency of children, including, Families Together Therapeutic Visitation Program (receiving national recognition for its methods of supporting healthy interaction between parents and children).</li> </ul> <p><b><u>SYSTEMIC FACTOR: AGENCY RESPONSIVENESS TO COMMUNITY</u></b></p> <ul style="list-style-type: none"> <li>▪ Although DCYF makes efforts to solicit input and regularly</li> </ul>	<p><b><i>NOTE TO READER: PIP ELEMENTS WERE NOT IDENTIFIED WITHIN THE ESTABLISHED FORMAT</i></b></p> <p><b><u>PROGRAM IMPROVEMENT PLAN-CHILD AND FAMILY SERVICE PLAN( 5 goals)</u></b></p> <ul style="list-style-type: none"> <li>▪ Over the past ten years, the DCYF State Child and Family Service Plan has included this consistent set of goals focusing on the Department's evolution toward community-based, family-centered practice with an array of regionally-based services designed to meet the needs of the children and families.</li> <li>▪ We have worked with the key stakeholders in families, government, provider agencies and the community at-large to design an array of services which will support families. The Governor and Children's Cabinet have dedicated themselves to the achievement of an organized system of care and an array of services which support our Program Improvement Plan. Such an integrated system will help us safely keep children and youth in their home and community while receiving the assistance necessary to achieve permanence and well-being.</li> </ul> <p><b><u>GOAL 1 – Create a Community-Based, Family-Centered Service System</u></b></p> <ul style="list-style-type: none"> <li>▪ Public forums for provider agencies will be held to elicit feedback regarding our planning, development and implementation goals. The Department will outreach to minority populations through a wide array of community organizations in an effort to ensure culturally diverse representation in these forums.</li> <li>▪ Protection Clinic meetings. The Department holds annual Foster Parent Town Meetings, and promotes family involvement through a Youth/Parent and DCYF Partnership in designing consumer-driven services. Additionally, the Child Welfare Training Institute has</li> </ul>

*The content of this state profile was taken from the CFSSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader.*

Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)

FRIENDS National Resource Center for Community-Based Child Abuse Prevention

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (9/8/04)	PROGRAM IMPROVEMENT PLAN (8/15/05)
Rhode Island	<p>partner with the community, there is very limited collaboration with the Family Court, a key stakeholder in implementing the provisions of the CFSP.</p> <ul style="list-style-type: none"> <li>▪ The Narragansett Tribe reports having a good working relationship and regular communication with the agency.</li> <li>▪ DCYF engages in ongoing consultation with multiple community partners. Stakeholders described the agency's many collaborative efforts with community partners (e.g., Ready to Learn, Project Connect, the Tribe, the Children's Museum, and the Child Advocacy Center).</li> <li>▪ Agency-school collaboration on planning and service delivery needs to be improved.</li> <li>▪ Barriers to services include DCYF staff workload size.</li> <li>▪ DCYF efforts to coordinate internal programming were strongest at the agency leadership level. Stakeholders noted that these efforts at collaboration, both internal and across agencies, were uneven at the local level, resulting in mixed experiences in coordination.</li> <li>▪ Stakeholders cited the lack of coordination and communication at the local level between DCYF's own units, which are not integrated and have differing approaches to their work.</li> </ul>	<p>cultivated a partnership with community providers to coordinate and develop training opportunities.</p> <p><b><u>GOAL 2 – Establish a continuum of high quality, culturally relevant placement resources proximate to each child's home –</u></b></p> <ul style="list-style-type: none"> <li>▪ The RI General Assembly and Office of the Governor developed the System of Care Task Force charged with "looking beyond the current configuration of services, departments and providers." The Task Force began in 2001 involved a broad range of state agency, judicial, community and family members The group concluded its work in 2003 with a report designed to be a blueprint for an organized System of Care</li> <li>▪ The goal, ultimately, is to create a service array that includes primary, secondary and tertiary prevention services that are strength-based, culturally appropriate, family-centered and community-based. This approach is also being designed with a view toward assisting Regional Directors and their staff to manage resources within the regions – in order to support the children and families <i>within</i> their home regions.</li> <li>▪ This LOI will increase capacity development across the broad spectrum of child and family needs – beginning with critical family preservation and support programs that are proven effective in maintaining a family's cohesiveness and providing the necessary structure and support to cultivate healthy family functioning at the earliest opportunities possible. As the Department sharpens its focus on front-end community-based preventive services, more and more attention will be given to established programs that provide an array of family preservation and support wraparound services.</li> <li>▪ An earlier LOI will address the lack of service array</li> </ul>

*The content of this state profile was taken from the CFSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader.*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (9/8/04)	PROGRAM IMPROVEMENT PLAN (8/15/05)
Rhode Island		<p>and specialized clinical care for children with developmental delays (DD) and those with a dual diagnosis of Developmental Delay (DD) and Serious Emotional Disturbance (SED).</p> <ul style="list-style-type: none"> <li>▪ With NHPRI and DHS working collaboratively with DCYF, the Rite Care health plan is taking an active role in the development of an array of community-based children's behavioral health services (including substance abuse services), and services for children with developmental disabilities.</li> <li>▪ There is effective and ongoing collaboration between DCYF, MHRH, DHS and community providers regarding substance abuse prevention, intervention and treatment.</li> <li>▪ Currently, there is also a lack of sufficient in-home wraparound services to meet the needs of children and families. With the implementation of this program improvement plan, there will be focused efforts to evaluate the effectiveness of services that are currently being utilized and a gap analysis for the level of care and type of in-home services that are needed.</li> </ul> <p><b><u>SYSTEMIC FACTOR: AGENCY RESPONSIVENESS TO COMMUNITY</u></b></p> <ul style="list-style-type: none"> <li>▪ The Department is working to establish a multi-disciplinary consultation and collaboration team comprised of representatives of the Narragansett Indian Tribe, Child Protective Services, Narragansett Indian Health Center and Hasbro Hospital. That team will meet regularly to review specific cases involving Native American Children to ensure that DCYF's practices toward ensuring the safety and meeting the needs of Native American children are culturally sensitive and in accordance with the Indian Child Welfare Act (ICWA).</li> </ul>

*The content of this state profile was taken from the CFSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader.*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (9/2/03)	PROGRAM IMPROVEMENT PLAN (6/17/04)
South Carolina	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ DSS generally makes concerted efforts to keep children out of foster care and has access to sufficient in-home services to accomplish this objective when appropriate.</li> <li>▪ State-level stakeholders, however, expressed concern that the availability of placement prevention services is declining because of budget cuts in the agency.</li> <li>▪ Some stakeholders reported that the agency prevents placements of children in foster care through voluntary placements with relatives.</li> </ul> <p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>▪ DSS was not consistent in assessing and addressing the service needs of children and their parents, in involving parents and children in the case planning process, and/or in establishing sufficiently frequent face-to-face contact between caseworkers and the children and parents in their caseloads.</li> <li>▪ Although DSS has developed a “family meeting” or a “family planning conference” approach to developing the case plan, these meetings are not having a major impact on family involvement in case planning.</li> <li>▪ In 12 counties there are Department of Mental Health therapists located in the DSS offices to conduct mental health assessments of children coming into foster care. In these counties, there is good access to mental health services.</li> <li>▪ In counties in which there is not a mental health person in the DSS office, the community health services agency is not always responsive to agency needs in a timely manner because of their caseloads.</li> <li>▪ Although getting the local mental health agency and local DSS to work together can be a challenge, the relationship between these agencies at the State level is a good one.</li> </ul> <p><b><u>SYSTEMIC FACTOR: SERVICE ARRAY</u></b></p> <ul style="list-style-type: none"> <li>▪ Services available in the State are not adequate to enable children to remain safely with their parents when reasonable and help children in foster and adoptive placements achieve</li> </ul>	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ Ensure the family and all involved parties are included in the development of the treatment plan</li> <li>▪ Provide placement prevention services (i.e. Family support) to the family to protect the child in his/her own home;</li> </ul> <p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>▪ Increase visits between the children in care and their birth parents, when appropriate, for children with a plan of return home.</li> <li>▪ Ensure the birth parents (in-home placements) or foster parents (out-of-home placements) schedule and follow up with routine physical examinations for children.</li> </ul>

*The content of this state profile was taken from the CFSSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader. Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (9/2/03)	PROGRAM IMPROVEMENT PLAN (6/17/04)
South Carolina	<p>permanency. The CFSR also found that existing services are not consistently available throughout the State.</p> <ul style="list-style-type: none"> <li>▪ DSS provides a wide array of contracted services ranging from child abuse prevention to adoption, and provides these services in a variety of environments ranging from in-home to residential facilities.</li> </ul> <p><b><u>SYSTEMIC FACTOR: AGENCY RESPONSIVENESS TO COMMUNITY</u></b></p> <ul style="list-style-type: none"> <li>▪ There is broad collaboration with other agencies in the development of the goals and objectives for the State's Child and Family Services Plan (CFSP) and that the State collaborates with internal and external partners in the development of the Annual Progress and Services Report for the CFSP.</li> <li>▪ DSS promotes preserving connections for Native American children with their Tribe and their heritage through a collaboration with the Catawba Indian Nation.</li> <li>▪ Collaboration with other agencies occurs on State and local levels with community agencies and citizen groups.</li> <li>▪ DSS is very open to input and opinions from people outside of the system as well as from people within the system, including caseworkers, law enforcement, and foster parents. County-level stakeholders indicated that a similar process of interagency collaboration and establishing local councils to provide input into DSS planning occurs at the local level.</li> </ul>	

*The content of this state profile was taken from the CFSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader. Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (5/2/02)	PROGRAM IMPROVEMENT PLAN (10/17/03)
South Dakota	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ The new Initial Family Assessment (IFA) will promote improved practice with respect to protecting children while they are in their homes and preventing foster care placement.</li> </ul> <p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>▪ There is no formal process for involving families in the case plan and workers are not consistent in this regard.</li> <li>▪ Almost one-fourth of the children in the case record review were found to have not received comprehensive physical health services.</li> <li>▪ There are 11 community mental health centers that receive mental health block grant funding to serve the State. The majority of the centers provide traditional evaluation and counseling services. They also provide the more nontraditional home-based services. The centers serve the local community and have itinerant or outlying offices to serve the rest of the State.</li> </ul> <p><b><u>SYSTEMIC FACTOR: SERVICE ARRAY</u></b></p> <ul style="list-style-type: none"> <li>▪ South Dakota has the services necessary to meet the needs of children and families but does not have enough of them to ensure access for all children and families throughout this rural State. Statewide Assessment notes that CPS has attempted to address this problem through better coordination of programs.</li> </ul>	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ The recurrence of maltreatment will be reduced through the development of policy, program, practice and community collaboration based on findings from the recurrence study concerned with family dynamics, case conditions and CPS intervention.</li> <li>▪ CPS will complete implementation of a state of the art Initial Family Assessment (IFA) decision making approach that encompasses an effective safety assessment and intervention component.</li> <li>▪ CPS will improve coordination and utilization of essential resources and services to more effectively marshal application for safety management and will encourage continued development of service initiatives in local jurisdictions.</li> <li>▪ Improve and increase coordination and use of the mental health services for families and children. CPS will collaborate with Community Mental Health Directors through an existing committee to identify unmet mental health need, potential for cooperation and resource generation.</li> </ul> <p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>▪ Increase and improve family involvement during assessment of need, treatment planning, and case progress.</li> <li>▪ Provide refresher and advanced training to staff related to program and practice emphasizing concepts and intervention directed at assessment of need, family involvement, need meeting case planning, need meeting service provision, and evaluation of need fulfillment.</li> <li>▪ CPS will collaborate with Community Mental Health Directors through an existing committee to identify unmet mental health need, potential for cooperation and resource generation.</li> </ul>

*The content of this state profile was taken from the CFSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader. Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (5/2/02)	PROGRAM IMPROVEMENT PLAN (10/17/03)
South Dakota		<p><b><u>SYSTEMIC FACTOR: SERVICE ARRAY</u></b></p> <ul style="list-style-type: none"> <li>▪ Improve and increase coordination and use of the mental health services for families and children.</li> <li>▪ Increase case management services to in home cases</li> <li>▪ CPS is contracting with an agency in Sioux Falls (the largest urban area within the state) that is part of a statewide early childhood enrichment program system. The agency will provide 5 parent aides to work with families referred by CPS when it is determined that there are safety issues.</li> <li>▪ CPS will continue to implement home based services as a safety management intervention.</li> <li>▪ The Casey Family Program offices in Rosebud and Pine Ridge are working on a project to establish Family Decision Making programs with the Rosebud and Pine Ridge tribes. CPS will work collaboratively with the two programs as service providers for defined target populations that involve child abuse and neglect.</li> </ul>

*The content of this state profile was taken from the CFSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader. Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (8/19/02)	PROGRAM IMPROVEMENT PLAN (7/1/03)
Tennessee	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ The low incidence of repeat maltreatment is due to (1) Enhanced and improved risk-based investigative practices, policies, and procedures for child protective services (CPS) investigations; (2) Increased collaboration with community based agencies and service providers; and (3) the provision of prevention services.</li> <li>▪ In Tennessee, services designed to maintain children safely in their own homes and to reduce risk factors in in-home services cases are provided by a Community Service Agency (CSA) under contract to DCS. CSA provides case management and other purchased services such as intensive family preservation services, counseling, parent education, or homemaker services in order to reduce the risk of harm.</li> <li>▪ DCS has been aware of the need to improve the provision of services to prevent removal and launched a new program called Family Support Services. It is anticipated that this program, which was fully implemented statewide in February 2002, will improve DCS' performance on this indicator.</li> </ul> <p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>▪ The agency will specify the services in which parents are expected to participate, but will not facilitate access to, or engagement in, those services.</li> <li>▪ Parents often are expected to pay for the services themselves if their insurance does not cover them.</li> <li>▪ DCS was found to be effective in meeting children's physical health needs; concerns were identified in the area of children's mental health needs.</li> </ul> <p><b><u>SYSTEMIC FACTOR: SERVICE ARRAY</u></b></p> <ul style="list-style-type: none"> <li>▪ DCS offers a wide range of services to enable children to remain safely with their parents when reasonable. Services provided to enable children to remain in their own homes are provided by CSAs under contract with DCS.</li> <li>▪ Some of the services that are available to DCS families from other agencies: Healthy Start, relative caregiver programs;</li> </ul>	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ Implement the Engaging Families Initiative as it relates to improved assessments to address the frequency and quality of the initial and on-going assessment of children and families.</li> <li>▪ Implement the Continuity of Services Initiative in or to establish the protocol for continuity of service between DCS and the Community Service Agencies.</li> </ul> <p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>▪ DCS is introducing the Engaging Families initiative in an effort to improve the way staff relates to and interacts with children and families. Engaging Families uses child and family team meetings as the primary vehicle for engagement and decision-making. The initiative addresses changes in policy, training for staff, and utilizes technical assistance from the Child Welfare Policy and Practice Group (CWPPG), a national child welfare consulting organization, and the University of Tennessee.</li> <li>▪ DCS is addressing relationships between staff and families by partnering with the Annie E. Casey Foundation to replicate the Family to Family Model in three areas of the state, Davidson County, Shelby County, and Sumner County. Family to Family is based on four major concepts: 1) involving families in critical decision through the team decision-making process, 2) partnering with the total community to protect children and maintain community relationships, 3) recruiting foster parents in the home communities of children, and 4) using data to evaluate progress and guide organizational decisions.</li> </ul> <p><b><u>SYSTEMIC FACTOR: SERVICE ARRAY</u></b></p> <ul style="list-style-type: none"> <li>▪ The Continuity of Services Initiative is an effort to explore the connections between child protective services, assessment units, resource management</li> </ul>

*The content of this state profile was taken from the CFSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader. Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (8/19/02)	PROGRAM IMPROVEMENT PLAN (7/1/03)
Tennessee	<p>broker child care services; Family Resource Centers; child development services; pregnancy and parenting services; a Community Prevention Initiative for Children; and Juvenile Court Prevention services.</p> <ul style="list-style-type: none"> <li>▪ There are fewer services available to children and families in rural areas and there are difficulties accessing services in those areas.</li> </ul> <p><b><u>SYSTEMIC FACTOR: AGENCY RESPONSIVENESS TO COMMUNITY</u></b></p> <ul style="list-style-type: none"> <li>▪ DCS maintains ongoing communication at the State and local level with many community organizations, advisory boards, other State agencies, and citizen groups that have a role or interest in child welfare.</li> </ul>	<p>units, permanency support units, foster care services, and adoption services in order to reduce gaps and build continuity in service. The department will assess the strengths and weaknesses of the systemic approaches to each service area, both on the central office and regional levels in order to build a more comprehensive approach to service provision.</p>

*The content of this state profile was taken from the CFSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader. Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT 8/23/02)	PROGRAM IMPROVEMENT PLAN (4/1/03)
Texas	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ PRS has strength in its service array and resource management. The budget for purchased services (contracts) continues to climb each year, enabling the provision of more protective services to families in need.</li> <li>▪ In addition to the intensive family-based safety services, PRS provides regular family-based safety services (FBSS) services to any family that needs CPS assistance to reduce the likelihood that a child in the family will be abused or neglected in the foreseeable future.</li> <li>▪ PRS has participated in an interagency work group to develop a state plan for prevention services. The plan was coordinated by the HHSC and involved all state children's service agencies that have a role in prevention. The plan will be presented to agencies and legislators during State Fiscal Year 2002.</li> <li>▪ Several stakeholders suggested that the necessary services are available to support families, that the families targeted for in-home services are appropriate, and that the agency's Family-Based Safety Services (FBSS) program protects children and helps families overcome barriers to positive family functioning.</li> </ul> <p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>▪ Reviewers determined that parents and children had not been appropriately involved in the case planning process.</li> <li>▪ Stakeholders' comments relevant to mental health needs of child focused primarily on the lack of available mental health services. A key problem in addressing children's mental health needs, is that there is an insufficient number of caseworkers who have the training and ability to accurately assess the need for mental health services and know how to mobilize resources to meet those needs</li> </ul>	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ Develop satisfaction survey for clients receiving FBSS services. Survey will be analyzed to obtain client-driven input into improving services.</li> </ul> <p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>▪ Develop expertise in identification and development of services and resources.</li> </ul> <p><b><u>SYSTEMIC FACTOR: SERVICE ARRAY</u></b></p> <ul style="list-style-type: none"> <li>▪ Texas has strength in its service array and resource management. An entire division has been devoted to prevention and early intervention resources, including Services to At-Risk Youth (STAR) services now available in each of the state's 254 counties.</li> </ul> <p><b><u>SYSTEMIC FACTOR: AGENCY RESPONSIVENESS TO COMMUNITY</u></b></p> <ul style="list-style-type: none"> <li>▪ This is one of the greatest strengths of the child welfare system in Texas. The value placed on the public/private partnerships, the support of the community towards the agency, the attitude towards the community as a key stakeholder, legislative involvement in the process, and the enhanced communication between the agency and the community as a whole have improved greatly over the last five years</li> </ul>

*The content of this state profile was taken from the CFSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader.*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT 8/23/02)	PROGRAM IMPROVEMENT PLAN (4/1/03)
Texas	<p><b><u>SYSTEMIC FACTOR: SERVICE ARRAY</u></b></p> <ul style="list-style-type: none"> <li>▪ The State has a wide array of services to meet the needs of children and families.</li> <li>▪ There are gaps in the service array associated with insufficient resources.</li> <li>▪ Texas is aggressively pursuing grants and alternative funding sources to enhance its resources.</li> <li>▪ In general, the services that are part of the State’s service array can be individualized and the State does not take a ‘cookie cutter’ approach to providing services.</li> </ul> <p><b><u>SYSTEMIC FACTOR: AGENCY RESPONSIVENESS TO COMMUNITY</u></b></p> <ul style="list-style-type: none"> <li>▪ There was general agreement that annual reports of progress were both developed in conjunction with community partners and shared with community partners.</li> <li>▪ Stakeholders expressed complete satisfaction with their level of engagement and participation in the implementation of the CFSP and that by combining internal and external consultation into a single process, the process facilitated coordination and collaboration among families, children, providers, funders, and policy makers.</li> </ul>	

*The content of this state profile was taken from the CFSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader.*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (9/4/03)	PROGRAM IMPROVEMENT PLAN (7/15/04)
Utah	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ One of the five DCFS regions in Utah is currently piloting an alternative response program called the Child and Family Assessment (CFA). The purpose of the CFA is to ensure that the child is safe and determine with the family whether services may be needed.</li> <li>▪ The agency made diligent efforts to provide services to families to prevent the removal of children from their homes and to address the risk of harm to children.</li> <li>▪ There are family preservation services in the State that are effective in protecting children in the home. These stakeholders indicated that family preservation services include direct clinical work with families, conflict resolution, case management, and referrals to services.</li> <li>▪ As several stakeholders reported, these services are not available in all counties and there is a need for more in-home services if the agency is to be effective in preventing removals.</li> <li>▪ The key concern identified was the scarcity of family preservation services. According to the Statewide Assessment, Utah has court-ordered home-based services, home-based services, and intensive home-based services, but these services are only routinely available in two regions of the State.</li> </ul> <p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>▪ Family preservation and family reunification services are effective in individualizing the approach to families and meeting their unique needs.</li> <li>▪ Utah's Practice Model requires that families be actively involved in all aspects of their case, including participating in developing the case plan. The Practice Model seeks to involve families in identifying both their strengths and the underlying needs that must be met to ensure a healthy and nurturing environment for family members.</li> </ul>	<p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>▪ The Functional Assessment is used to assess underlying needs if children and family.</li> </ul>

*The content of this state profile was taken from the CFSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader.*

Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)

**FRIENDS National Resource Center for Community-Based Child Abuse Prevention**

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (9/4/03)	PROGRAM IMPROVEMENT PLAN (7/15/04)
Utah	<ul style="list-style-type: none"> <li>▪ DCFS is effective in assessing the service needs of families, particularly through use of the Child and Family Teams and the Functional Assessment process. Stakeholders generally agreed that children, parents, and foster parents usually have multiple services available to meet their needs.</li> </ul> <p><b><u>SYSTEMIC FACTOR: SERVICE ARRAY</u></b></p> <ul style="list-style-type: none"> <li>▪ There is a wide array of services in the State. These services include parenting education, home maker services, employment and/or vocational training, housing, and transportation.</li> <li>▪ Services provided to the families included, but were not limited to, family counseling, educational services, kinship services, anger management, parenting classes, case management, individual and family therapy family preservation services.</li> <li>▪ Utah uses Federal funds from the Promoting Safe and Stable Families program to provide all five regions with family preservation services. Funds from this program also are used to provide Community-Based family resource and support services in connection with [the Utah] Federal Community-Based Family Resource and Support (CBFRS) grant and the Children’s Trust Account, to fund 11 Family Support Centers statewide. This network of community-based family resource and support services reaches almost every community in the State and is most often consistent with the language and culture of the families being serviced.</li> </ul> <p><b><u>SYSTEMIC FACTOR: AGENCY RESPONSIVENESS TO COMMUNITY</u></b></p> <ul style="list-style-type: none"> <li>▪ Agency collaboration with Native American Tribes varies by Tribe.</li> <li>▪ The State has an intergovernmental written agreement with the Navajo Tribe that addresses jurisdictional issues as well as other concerns. In addition, the Tribe and local DCFS office meet monthly to go over issues, cases, and concerns.</li> <li>▪ The intention of FACT was to bring about system change in</li> </ul>	

*The content of this state profile was taken from the CFSSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader.*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (9/4/03)	PROGRAM IMPROVEMENT PLAN (7/15/04)
Utah	the way in which services were delivered to families with co-occurring needs through coordination and collaboration. Although the funding for FACT has been cut, the positive coordination of services has remained to some extent.	

*The content of this state profile was taken from the CFSSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader.*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (7/2/01)	PROGRAM IMPROVEMENT PLAN (3/27/02)
Vermont	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ There is a vast array of services available to families to reduce risk of harm and to prevent removal. In most cases, the services were appropriate and interventions were commenced timely. The Agency was found to have a strong level of community collaboration that is having a positive impact on the services to families. At all three sites, staff and other stakeholders noted that community involvement is an integral part of the SRS system.</li> <li>▪ Some cases lacked an ongoing assessment and monitoring of services to children and families, including the absence of a comprehensive family assessment that identified the strengths and needs of families and a gap in assessing the appropriateness of services to families, the length of time services are provided to families, and the effectiveness of services in resolving the issues that brought the family to the agency's attention.</li> </ul> <p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>▪ Vermont cites an impressive array of services available not only to families known to the child welfare system, but to all families.</li> <li>▪ Family support services are planned, funded, coordinated and supported through a system of partnerships with the state departments of SRS, Development and Mental Health and Education.</li> <li>▪ Services are available in all districts of the State and encompass prevention as well as intervention. This system is seen as particularly effective in meeting the needs of children at risk for abuse/neglect, and maintaining them at home when this is safe.</li> <li>▪ A variety of community-based intensive interventions are used to avoid placement if at all possible. Community services are rated as being of high quality, but waiting lists for outpatient services exist statewide, and there is a lack of qualified</li> </ul>	<p><b><u>GUIDING PRINCIPLES</u></b></p> <ul style="list-style-type: none"> <li>▪ We will carry out our responsibility to serve the best interests of children who are abused, neglected, delinquent or beyond the control of their parents.</li> <li>▪ Children deserve to be safe and secure.</li> <li>▪ Children belong in families who are committed to them into adulthood.</li> <li>▪ We will focus our services on the child in his or her family, culture and community.</li> <li>▪ We will involve individuals we serve in the planning and evaluation of services.</li> <li>▪ We will collaborate with communities to create public policy and services to support children and their families.</li> <li>▪ We will deliver services within the available budgets.</li> <li>▪ Our decisions, policies and internal organization will support and reflect our mission,</li> </ul>

*The content of this state profile was taken from the CFSSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader.*

Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)

**FRIENDS National Resource Center for Community-Based Child Abuse Prevention**

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (7/2/01)	PROGRAM IMPROVEMENT PLAN (3/27/02)
Vermont	<p>therapists who will accept Medicaid.</p> <ul style="list-style-type: none"> <li>▪ Services to provide preventive health care, immunizations and special medical conditions are in place. Early Intervention services are appropriately accessed for preschool children.</li> </ul> <p><b><u>SYSTEMIC FACTOR: SERVICE ARRAY</u></b></p> <ul style="list-style-type: none"> <li>▪ The Department contracts with community agencies to provide services that supplement casework services delivered by workers. These services are part of a statewide network of both family support and family preservation services and reunification services. Two of the four major services listed in the statewide assessment are Parent Educators &amp; Intensive Family Based Services (IFBS). Several of the 17 programs that provide support are: Success by Six; Families First; Children's Upstream Services; 8 Runaway Programs and Early Education Programs.</li> </ul> <p><b><u>SYSTEMIC FACTOR: AGENCY RESPONSIVENESS TO COMMUNITY</u></b></p> <ul style="list-style-type: none"> <li>▪ There is generally excellent coordination of services and benefits, including funding of prevention efforts in the community. Interagency teams put aside turf and funding issues to address the needs of children most effectively.</li> <li>▪ Decisions made by Central Office for fiscal reasons may negatively impact the ability of community collaborative to continue meeting families' needs.</li> </ul>	

*The content of this state profile was taken from the CFSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader. Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (4/21/04)	PROGRAM IMPROVEMENT PLAN (2/1/05)
Virginia	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ Virginia implemented a child protective services (CPS) Differential Response System statewide in May 2002. Under this two-track response system, the agency responds with a family assessment response for reports where there is no immediate concern for the child's safety.</li> <li>▪ Virginia offers a broad range of effective services that support family preservation; the availability of prevention services, such as in-home services, parent support, individual and family counseling and youth mentoring is one reason why the number of children in case is low.</li> <li>▪ Services provided to the families include, but are not limited to, in-home therapy, home-based services, day care, respite care, parent education.</li> <li>▪ DSS makes concerted efforts to provide services to families to prevent children's placement; there is an array of community-based prevention programs and services available for this purpose.</li> </ul> <p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>▪ The Comprehensive Services Act (CSA) requires the Family Assessment and Planning Team to include the child's parents' or caretaker's participation in all aspects of the assessment, service planning and service delivery.</li> <li>▪ DSS made concerted efforts to meet the physical health needs of children in in-home services cases.</li> <li>▪ DSS was less consistent in its efforts to assess and address children's mental health needs in in-home services cases.</li> </ul> <p><b><u>SYSTEMIC FACTOR: SERVICE ARRAY</u></b></p> <ul style="list-style-type: none"> <li>▪ Services provided to the families included, but were not limited to in-home therapy, home-based services, parent education, day care, respite care, housing assistance, job development training, financial support and educational evaluations.</li> </ul>	<p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>▪ Provide information to all LDSS on the first annual VA-INFO conference in October 2006 to educate families about committees, advisory councils, parent resource centers, and opportunities for families to connect at local, regional, state, and national levels regarding the mental health needs of children by November 2006.</li> <li>▪ Develop and implement strategies to actively involve children and families in service planning.</li> </ul> <p><b><u>SYSTEMIC FACTOR: SERVICE ARRAY</u></b></p> <ul style="list-style-type: none"> <li>▪ Collaborate with public and private agencies to increase access to dental and medical services.</li> <li>▪ Collaborate with public and private agencies to increase mental health services availability and accessibility for children and families involved with the child welfare system.</li> <li>▪ Participate in existing DMHMRSAS workgroups (such as the "Integrated Policy and Plan to Provide and Improve Access to MH/MR/SA Services for Children and Adolescents" Workgroup) to develop a collaborative state level plan identifying resources to help address gaps in mental health services by January 2007.</li> <li>▪ Increase substance abuse services availability and accessibility for families and children throughout Virginia who are involved with the child welfare system.</li> <li>▪ Collaborate with public and private partners to increase access to services for juveniles displaying sexually aggressive or reactive behaviors.</li> <li>▪ Collaborate with the Department of Juvenile Justice (DJJ) and the Department of Criminal Justice</li> </ul>

*The content of this state profile was taken from the CFSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader.*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (4/21/04)	PROGRAM IMPROVEMENT PLAN (2/1/05)
<b>Virginia</b>	<ul style="list-style-type: none"> <li>▪ There are gaps in services available across the State. Services are more likely to be available in the cities than in the rural locations.</li> <li>▪ With State budget cuts, many State-level stakeholders expressed concern that services to children and families will be reduced or eliminated.</li> <li>▪ Virginia offers a broad range of effective services that support family preservation; the availability of prevention services, such as in-home services, parent support, individual and family counseling and youth mentoring is one reason why the number of children in case is low.</li> <li>▪ Services through the Comprehensive Services Act and Promoting Safe and Stable Families Program are available in each locality.</li> </ul> <p><b><u>SYSTEMIC FACTOR: AGENCY RESPONSIVENESS TO COMMUNITY</u></b></p> <ul style="list-style-type: none"> <li>▪ DSS is a key partner in collaboration under the Comprehensive Services Act (CSA) that oversees the family centered service delivery and community collaboration in serving children and families.</li> <li>▪ Implementation of the CSA has allowed Virginia communities to become more responsive in meeting the needs of families and children.</li> <li>▪ DSS works in collaboration with Virginia Family Children's Trust Fund Board, Prevent Child Abuse Virginia, Voices for Virginia's Children, and other State and local public and private agencies and organizations to plan and improve services in Virginia.</li> </ul>	<p>Services (DCJS) through participation in the Juvenile Justice and Delinquency Prevention Advisory Committee to develop and support the DJJ three year strategic plan and components relating to service delivery and availability for sexually aggressive adolescents throughout fiscal year 2005.</p> <ul style="list-style-type: none"> <li>▪ Establish a public/private planning group to address and provide recommendations for the community-based treatment, funding, and placement needs of youth in foster care who are sexually reactive or aggressive by December 2005.</li> <li>▪ Expand partnerships with LDSS, other government agencies, and community organizations to improve the accessibility, availability, and delivery of services to older youth transitioning out of foster care.</li> </ul>

*The content of this state profile was taken from the CFSSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader.*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (2/11/04)	PROGRAM IMPROVEMENT PLAN (10/1/04)
Washington	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ Reviewers determined that the state had not made enough efforts to provide the necessary services to maintain children safely in their own homes. Services provided to families included parent support groups, family preservation services, homemaker services, and in-home parenting instruction services.</li> </ul> <p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>▪ Case reviews found that the state was not consistent in its efforts to assess children and families for services and provide necessary services, involve parents and children in the case planning process, and establish face-to-face contact between workers and the children and families. Lack of effort to incorporate fathers into any aspect of the case process.</li> <li>▪ Stakeholders were particularly concerned about the reduction in funds for family preservation services, the lack of respite care services for foster parents, and the lack of services in general available for relative caregivers.</li> <li>▪ Family Group Conferencing or Family Team Meetings are an effective way to involve families in the case planning process. Several stakeholders expressed the opinion that some social workers have not embraced this approach, stating that it is not used as frequently as it should be and in some Regions it is not being used at all.</li> <li>▪ The state was not consistent in meeting children's physical and mental health needs. A particular concern identified pertained to the mental health needs of children receiving in-home services.</li> </ul> <p><b><u>SYSTEMIC FACTOR: SERVICE ARRAY</u></b></p> <ul style="list-style-type: none"> <li>▪ WA has a broad array of services that are provided to children and families including regular home visits, practical assistance with food and housing, child care, counseling, home support specialists, and coordinated efforts with public health nurses and substance abuse treatment. Children's Administration</li> </ul>	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ Developing a new in-home Child Welfare Service unit to provide support children receiving in-home services.</li> <li>▪ Early engagement of families, especially fathers, children, relatives and Tribes in keeping children safe.</li> <li>▪ Holding Family Team Decision Making (FTDM) meetings as soon as possible and within 72 hours of any removal to address safety concerns and engage families, relatives and Tribes.</li> <li>▪ New strategies to improve the response to child neglect, chronicity and repeat child maltreatment.</li> </ul> <p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>▪ The Program Improvement Plan identifies strategies for enhancing engagement and increasing the frequency of social worker contact with children and parents. The initial plan for increasing the frequency of social worker face-to-face contact is to require higher levels of contact for staff with lower caseloads.</li> <li>▪ A new strength-based family assessment tool will be implemented to facilitate improved identification of the needs of children and their parents. The involvement of parents and children in the assessment and case planning process will be strengthened through the development and implementation of practice guidelines which will describe best practice related to such involvement.</li> </ul> <p><b><u>SYSTEMIC FACTOR: SERVICE ARRAY</u></b></p> <ul style="list-style-type: none"> <li>▪ In collaboration with community partners, utilizing Pre-Passport and Passport profiles, or any successor model, identify service gaps and create state or regional plans to fill gaps through.</li> <li>▪ A federal IV-E Demonstration Waiver has been submitted. The purpose of this waiver is pilot the</li> </ul>

*The content of this state profile was taken from the CFSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader.*

Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)

FRIENDS National Resource Center for Community-Based Child Abuse Prevention

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (2/11/04)	PROGRAM IMPROVEMENT PLAN (10/1/04)
Washington	<p>also offers Family Reconciliation Services to serve adolescents and parents in conflict, and refers low-risk, in-home cases to the Alternative Response System to receive community-based services. The CA also purchases individualized home based services, family preservation (FPS), and intensive family preservation services (IFPS).</p> <ul style="list-style-type: none"> <li>▪ Service array also includes community-based family supports including family support centers and home-visiting programs.</li> <li>▪ Services are not consistently accessible to children and families on a statewide basis. SWA: urban communities have a wider array of services than rural communities; rural areas lack specialized services, have limited choices, and experience chronic shortages. In-home services/family preservation services are insufficient in some rural areas.</li> <li>▪ Flexible funding is available within each Region to obtain unique services or to individualize services. The agency allows for flexibility in designing service plans, particularly for home-based, wraparound, and independent living services.</li> </ul> <p><b><u>SYSTEMIC FACTOR: AGENCY RESPONSIVENESS TO COMMUNITY</u></b></p> <ul style="list-style-type: none"> <li>▪ State engages in ongoing consultation with tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals and objectives of the CFSP.</li> <li>▪ DSHS has sought to improve service integration across State agencies.</li> </ul>	<p>delivery of enhanced, culturally competent, and individually tailored kinships supports that will engage paternal, maternal and fictive kin in the planning for and placement of their children.</p>

*The content of this state profile was taken from the CFSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader.*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (10/2/02)	PROGRAM IMPROVEMENT PLAN (6/9/03)
West Virginia	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ The Family Options Initiative (FOI). This is a demonstration project piloting the use of a differential approach to the delivery of Child Protective Services.</li> <li>▪ The providers assume the responsibility for service delivery to families who do not require a full-scale CPS response.</li> <li>▪ There is a gap in the availability of in-home services due to lack of funding and problems related to fee-for-service payment requirements among private agencies. The agency is not always able to maintain children effectively in their homes and places children in foster care because the necessary services for parents are not always accessible to the families.</li> <li>▪ Caseworkers often underestimate the level of risk to the child and recommend fee-for-service services instead of the agency's intensive family preservation services.</li> </ul> <p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>▪ According to State policy, the most important objective of the family assessment process is to develop a working collaboration with the family and engage the family in a problem solving/helping partnership.</li> <li>▪ In many cases, there was evidence of infrequent face-to-face contact between agency caseworkers and the children and parents in their cases, although reviewers noted that parents appeared to have frequent contact with service providers from private agencies.</li> <li>▪ Many children had not received complete mental health assessments or had not received all of the services recommended to address mental health problems.</li> <li>▪ Part of the problem is due to shortages of mental health services in many areas of the State.</li> </ul> <p><b><u>SYSTEMIC FACTOR: SERVICE ARRAY</u></b></p> <ul style="list-style-type: none"> <li>▪ West Virginia provides a basic core of services to children and families including family support, counseling, respite care, socialization services, parenting education, services related to in-home safety and permanency.</li> </ul>	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ Coordinate and expand existing community collaborative and partnership to identify and address service needs on the local level.</li> <li>▪ Define role of summits and community collaboratives in system design.</li> <li>▪ Resources, tools and instruments for service inventory developed. Regional and local interagency cooperative agreements for partnerships developed.</li> <li>▪ Evaluate impact of managed system of care for purchase of services ASO on actual service delivery and case outcomes in CPS.</li> </ul> <p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>▪ Improve consistency among case workers in assessing the needs of absent fathers and involving them in services.</li> </ul>

*The content of this state profile was taken from the CFSSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader.*

Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)

**FRIENDS National Resource Center for Community-Based Child Abuse Prevention**

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (10/2/02)	PROGRAM IMPROVEMENT PLAN (6/9/03)
West Virginia	<p><b><u>SYSTEMIC FACTOR: AGENCY RESPONSIVENESS TO COMMUNITY</u></b></p> <ul style="list-style-type: none"> <li>▪ There was a lot of positive feedback received from community stakeholders regarding agency responsiveness. There are many collaborative efforts at both state and local levels in which the agency is involved.</li> <li>▪ Advisory boards have been set up at local levels to help determine service needs and local planning.</li> <li>▪ Coordination between the agency and private providers to redesign family preservation and independent living services.</li> </ul>	

*The content of this state profile was taken from the CFSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader. Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (1/14/04)	PROGRAM IMPROVEMENT PLAN (11/1/04)
Wisconsin	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ Cases may be opened by local agencies for voluntary services or safety services if the initial safety assessment indicates a potential risk of harm to the children, even if the maltreatment report is not substantiated.</li> <li>▪ Local agencies are not consistently effective in their efforts to maintain children safely in their homes. The primary concern identified in the case reviews was that the services offered were not sufficient to ensure children’s safety while they remained in the home and, in some cases, children were not being removed when risk of harm was present.</li> <li>▪ When child safety concerns necessitated in-home services, the most frequently used in-home services were supervision and observation, family crisis counseling, parenting assistance, and mental health services.</li> <li>▪ Local child welfare agencies, including the Bureau of Milwaukee Child Welfare (BMCW), are making increasing use of creative service delivery approaches to promote timely and appropriate in-home services designed to ensure child safety. These efforts include use of time-limited, behavioral change-oriented services for family preservation; integrated service teams or wrap-around services to prevent removal and promote timely reunification; and use of family-group decision-making approaches to develop effective safety plans.</li> <li>▪ There is an extensive array of services available to prevent placement. “As a result of implementing an in-home Safety Services program,” the BMCW has significantly reduced the use of out-of-home placements to address child safety concerns.</li> <li>▪ A few stakeholders suggested that their local agency sometimes “tries too hard” to prevent removal and allows children to remain in high-risk situations.</li> <li>▪ Kenosha County stakeholders noted that in cases in which services are not court-ordered, the Prevention Services Network (PSN) provides case management and other needed services to prevent placement.</li> </ul>	<p><b><u>STRATEGIES</u></b></p> <p>Overarching strategies will:</p> <ul style="list-style-type: none"> <li>▪ Help families strengthen their capacity to provide a safe and nurturing environment for their children;</li> <li>▪ Collaborate with agencies and systems to improve family access to services that ensure children are safe and healthy;</li> <li>▪ Assure the quality and effectiveness of services for children and families by regularly reviewing our programs and practices.</li> </ul> <p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>▪ Place greater emphases on involving families in their own case planning.</li> </ul> <p><b><u>SYSTEMIC FACTOR: SERVICE ARRAY</u></b></p> <ul style="list-style-type: none"> <li>▪ DCFS will use the service inventory results to work with sister divisions in the Department of Health and Family Services and other state agencies to develop strategies to fill service gaps. Collaborative efforts will be used to develop local service capacity, county consortiums and other strategies to more effectively use existing resources.</li> <li>▪ The workload analysis will be used by DCFS to evaluate options to improve the state financing methods used to provide local agencies with state and federal funds. For mental health in particular, steps will be taken to improve the process for screening the mental health needs of children as they enter out-of-home care to ensure that mental health service needs are identified. Revisions of the Ongoing Services Standards and additional technical assistance to local agencies will ensure that service needs are effectively identified in cases plans and that agencies provide families with access to needed services.</li> </ul>

*The content of this state profile was taken from the CFSSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader.*

Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)

FRIENDS National Resource Center for Community-Based Child Abuse Prevention

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (1/14/04)	PROGRAM IMPROVEMENT PLAN (11/1/04)
Wisconsin	<p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>▪ A key concern identified was that, even when fathers are involved in their children’s lives, local agencies do not make concerted efforts to engage fathers in case planning, assess fathers’ service needs, provide services to fathers, or establish frequent contact with fathers.</li> <li>▪ Outagamie County stakeholders reported that Family Group Conferencing is used in that county to facilitate family involvement in case planning.</li> <li>▪ A key concern identified was that children are not receiving mental health assessments even when the nature of the maltreatment, the dynamics of the family, and the family’s and child’s history indicate that a mental health assessment is warranted.</li> </ul> <p><b><u>SYSTEMIC FACTOR: SERVICE ARRAY</u></b></p> <ul style="list-style-type: none"> <li>▪ The State does not have in place an array of services to address the needs of children and families to enable children to remain safely with their parents when reasonable. Services are not accessible to families and children in all political jurisdictions.</li> <li>▪ Despite these concerns, the CFSR determined that Wisconsin has a network of services providers who work in collaboration with the local agencies and the BMCW to individualize services to meet children’s and families’ unique needs.</li> <li>▪ Part of the Statewide array of programs includes the Temporary Emergency Food Assistance Program, the Community Services Block Grant Community Action Agencies, and Promoting Safe and Stable Families (PSSF). In addition, county agencies receive State funds to support the delivery of prevention, early intervention, and ongoing assistance services necessary to ensure children’s safety and permanency.</li> <li>▪ Key services provided Statewide include family preservation and family reunification services under PSSF.</li> </ul>	<p><b><u>SYSTEMIC FACTOR: AGENCY RESPONSIVENESS TO COMMUNITY</u></b></p> <ul style="list-style-type: none"> <li>▪ DCFS will work with other state agencies to make ICWA requirements known to all key stakeholders who work with Indian children.</li> </ul>

*The content of this state profile was taken from the CFSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader. Reports available at [http://basis.caliber.com/cwig/ws/cwmd/docs/cb\\_web/SearchForm](http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/SearchForm)*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (1/14/04)	PROGRAM IMPROVEMENT PLAN (11/1/04)
Wisconsin	<p><b><u>SYSTEMIC FACTOR: AGENCY RESPONSIVENESS TO COMMUNITY</u></b></p> <ul style="list-style-type: none"> <li>▪ DCFS engages in ongoing communication, coordination, and collaboration with its funding sources and its key stakeholders. The input of stakeholders is actively sought by DCFS and is used in DCFS strategic planning.</li> <li>▪ Services generally are well-coordinated between DCFS and the counties, Tribes, and private service providers. State-level stakeholders noted that locally-coordinated service plans and teams are effective. Counties have consolidated human service departments, which allows for greater service integration.</li> </ul>	

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (4/1/03)	PROGRAM IMPROVEMENT PLAN (1/1/04)
Wyoming	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ DFS is not consistent in its efforts to maintain children safely in their homes and reduce the risk of harm to children.</li> <li>▪ There are barriers to serving families while children remain in their homes. Large caseloads carried by caseworkers often prohibit them from providing the attention and monitoring necessary to ensure children’s safety. It is difficult to provide services to families when children are not in custody because parents can refuse services and the courts are unlikely to mandate services.</li> <li>▪ In some areas of the State, there are insufficient resources and agency staff to ensure children’s safety in the home while a safety/risk assessment is conducted.</li> </ul> <p><b><u>WELL-BEING</u></b></p> <ul style="list-style-type: none"> <li>▪ DFS is not consistent in meeting the assessment or service needs or in involving parents or children in the case planning process.</li> <li>▪ The frequency and quality of DFS contacts with children and parents was not sufficient to ensure children’s safety or well-being or promote attainment of case goals.</li> <li>▪ DFS is not consistently effective in meeting children’s physical or mental health needs.</li> <li>▪ Stakeholders expressed concern about the scarcity of mental health services and lack of infrastructure to provide these services to children. There is a scarcity of in-home mental health services, often resulting in long waiting lists for services and the number of children needing mental health services is growing.</li> </ul> <p><b><u>SYSTEMIC FACTOR: SERVICE ARRAY</u></b></p> <ul style="list-style-type: none"> <li>▪ Statewide assessment notes that services are available to make reasonable efforts to prevent placement, when appropriate.</li> <li>▪ Stakeholders described a variety of improvements in the service array, for example, youth providers are collaborating</li> </ul>	<p><b><u>SAFETY</u></b></p> <ul style="list-style-type: none"> <li>▪ Develop a staffing model aimed at decreasing caseloads in order to realistically implement a family-centered service model. In order to ensure that each family receives the necessary assessments and subsequent services, caseloads will have to be reduced and a request for additional staff will be made to the legislature.</li> <li>▪ Develop and Implement a Family-Centered Service model that will provide the framework for delivering strengths-based, family-focused and community involved services for Wyoming’s Families.</li> <li>▪ Make funds available to access existing wraparound services to ensure child safety and prevent removal when possible.</li> </ul> <p><b><u>SYSTEMIC FACTOR: SERVICE ARRAY</u></b></p> <ul style="list-style-type: none"> <li>▪ Collaborative efforts to increase community-based services: In order to develop the necessary resources to provide services for families and children within their communities, DFS has engaged in partnerships with other agencies and community organizations.</li> <li>▪ Community and Faith-Based Initiatives: In order to increase the participation of faith-based and community organizations, the department has created a new position under the director of DFS that will focus on facilitating, organizing, and evaluating faith-based and community organizations.</li> </ul> <p><b><u>SYSTEMIC FACTOR: AGENCY RESPONSIVENESS TO COMMUNITY</u></b></p> <ul style="list-style-type: none"> <li>▪ In order to create consistency concerning ICWA cases, a collaborative effort between DFS, representatives from the Northern Arapahoe and Eastern Shoshone Tribes, the CIP, and the Tribal</li> </ul>

*The content of this state profile was taken from the CFSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader.*

## Attachment B: State Profiles

STATE	CHILD AND FAMILY SERVICES REVIEW: FINAL REPORT (4/1/03)	PROGRAM IMPROVEMENT PLAN (1/1/04)
Wyoming	<p>on providing more wraparound services in the community.</p> <ul style="list-style-type: none"> <li>▪ A grant for community-based services has improved services greatly over the past 5 years for at-risk kids.</li> </ul> <p><b><u>SYSTEMIC FACTOR: AGENCY RESPONSIVENESS TO COMMUNITY</u></b></p> <ul style="list-style-type: none"> <li>▪ DSF collaborates effectively with Tribal representatives.</li> <li>▪ Community involvement and collaboration are now strengths of the agency and stakeholders are brought to the table.</li> </ul>	Court to provide training on ICWA is being developed.

*The content of this state profile was taken from the CFSSR final reports and the PIPs from the first round (2001-2004). Specific word searches were conducted and relevant phrases extracted to gain an understanding of the context and the broader meaning. Word searches included: prevention or any derivative of it; family support and family preservation; family engagement or involvement; collaboration and coordination; and CBCAP. Most of the relevant information was contained within the Safety and Well-Being Indicators and the Systemic Factors for Service Array and Agency Responsiveness to the Community. There has been some minor paraphrasing for the ease of the reader.*