

A CONTENT-CRITICAL ANALYSIS OF THE CHILD AND FAMILY  
SERVICES REVIEWS FOR MARYLAND, NEW JERSEY,  
AND VIRGINIA IN 2004 AND 2009

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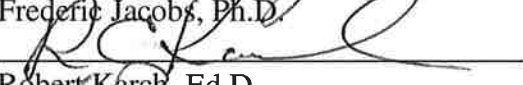
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ABSTRACT

The literature reviewed in this study revealed three things: that children exposed to abuse and neglect experience a wide array of physical and psychological symptoms; that the definitions, policies, and procedures applied to this maltreatment by local social-services agencies vary from state to state; and that social-services programs designed to prevent and address maltreatment exist. It also highlights important efforts during the past 75 years to improve the quality of child-welfare services provided to at-risk youth and their families.

Several critical laws designed to protect children's health, safety, and well-being have been passed since 1961. It took 36 years, however, before states were held accountable to federal standards that governed how they implemented their child-welfare programs. In 1997, Congress passed the Adoption and Safe Families Act of 1997 (ASFA), which outlined how each state's local social-services agencies were expected to conform to performance measures related to children's safety, permanency, and well-being. As a result of these new federal mandates, Child and Family Services Reviews (CFSRs) were created and used as a tool for monitoring states' continued compliance with these standards. In 2001, the Department of Health and Human Services conducted the first round of CFSRs.

Unfortunately, data discovered in the literature also demonstrated that maltreatment remains a significant problem. For this reason, it became important to investigate how states plan to remedy this problem and to identify any obstacles that states face in doing so.

This study examined how New Jersey, Maryland, and Virginia performed during the 2004 and 2009 CFSRs. It used a content-analysis approach that focused on nine items related to child safety, permanency, and family outcomes to determine whether states were providing relevant information to federal stakeholders conducting the CFSRs. It also sought to identify any challenges these states experienced when administering and implementing their child-welfare programs as well as those federal stakeholders responsible for conducting the CFSRs. A theoretical framework consisting of four factors (rational/technocratic, organizational culture, internal, and external interest groups) was instrumental in creating a structure for analyzing qualitative and quantitative data to produce valid answers to both questions in this study.



## PREFACE

Child-welfare workers in social-services agencies throughout the country who dedicate themselves to preserving the health, safety, and well-being of children are valuable to our society. They use their intelligence, resourcefulness, and creativity to navigate through some of the systemic challenges identified in this study to provide their clients with effective, timely, and quality services. The hope is that this project provides some insight and guidance about the invaluable roles that these social workers play in the lives of thousands of children on a daily basis, while introducing a body of knowledge that can be applied to the ongoing process of helping to improve how child-welfare services are delivered.

## ACKNOWLEDGMENTS

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Lastly, I want to express my heartfelt appreciation to my wife Kelly, whose love, friendship, and words of encouragement nurtured and strengthened the confidence and courage that I needed to see this process through until the end. Her unwavering support as a wife, best friend, and mother to our two beautiful children Aidan and Elliot means the world to me and helped to keep me smiling and focused during the past several months. There are not enough words to express my gratitude for everything that you have done to keep me on course during this seemingly endless journey.

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## CHAPTER 1

### INTRODUCTION AND CONTEXT

The federal government has created and passed several pieces of legislation since 1935 designed to address the needs of at-risk youth and their families. Section 1 of the next chapter will outline and describe each one of them. One in particular, however, called the Adoption and Safe Families Act of 1997 (ASFA), was considered the most influential in “helping to spur the creation of the Child and Family Services Reviews” (Government Accountability Office, 2004, p. 6). The Child and Family Services Reviews (CFSRs) were conducted by federal stakeholders representing the U.S. Department of Health and Human Services (DHHS) to evaluate how well states performed in administering and implementing their child-welfare programs. The next three paragraphs will provide a detailed description of this process.

The CFSRs consist of three phases. The first is known as the Statewide Assessments. During this phase, the states conduct an internal assessment of how well they perform in delivering child-welfare services using a pre-structured instrument provided to them by federal stakeholders from the DHHS, who monitor their progress throughout the entire process. Federal stakeholders from the Children’s Bureau who report to the DHHS guide, support, and monitor states during this first phase of the process. The questions included in the Statewide Assessment instrument are designed to obtain information about how effective local social-services agencies are in providing child-welfare services that emphasize protecting, preserving, and promoting the safety, permanency, and well-being of at-risk youth and their families (see Appendix A).

Although states provide some statistical data related to the number of children who are abused, neglected, in foster care, or awaiting adoption, a majority of the information is qualitative in nature and accounts for narrative descriptions provided by them to describe their policies and procedures that dictate the delivery of such services. The second phase of the CFSRs is known as the on-site reviews and will be described in the next paragraph.

The primary focus of the Statewide Assessments is to provide the federal government with sufficient relevant data that will help it determine which communities within these states should be selected to participate in the second phase of the CFSRs. During this second phase of the process, federal stakeholders from the Administration for Children and Families (ACF) within the DHHS take over and conduct client case records reviews, interviews with children and families engaged in services, and interviews with community resources such as other public and private child-welfare agencies, the courts, case workers, foster families, and service providers at select local social-services agencies.

The instrument that workers from the ACF use during this phase resembles that of the Statewide Assessment but includes a rating system that assesses how well a local social-services agency delivers specific aspects of its child-welfare services (see Appendix B). These federal stakeholders reference criteria that are federal mandates established by the DHHS when evaluating them. Each item associated with a question on the instrument measures how well the child safety and family outcomes embedded in those child-welfare services delivered by local social-services agencies are implemented by states. Twenty-two items representing a wide array of services and networks known as systemic factors (that empower and support all aspects of how child-welfare services are implemented by local social-services agencies) were also

investigated during these reviews. The next paragraph will describe the third phase of the CFSRs, known as the program improvement plan (PIP).

The federal Program Improvement Plans Rule (2001) requires that all states that did not achieve an overall positive rating of “substantial conformity” at the conclusion of the second phase of the CFSRs must set a specific time frame in which to submit a plan outlining actions that they will develop and enforce to correct all deficiencies. The implementation of such corrective measures also has to be completed within a specified period as determined by federal stakeholders at the DHHS. Once again, workers from the Children’s Bureau are brought in to provide state administrators with on-site support and assist in correcting any deficiencies associated with how they administer and implement their child-welfare programs. Federal stakeholders from the ACF continue to monitor states’ progress in achieving their specified goals and objectives. An ACF regional director representing a state is ultimately responsible for the coordination and monitoring of such supportive services. A more detailed and descriptive explanation of the PIP will be provided later in Section 3 of Chapter 4.

The overall goal of the CFSRs is to apply a universal template characterized as the two instruments already described to monitor how well states conform to the rules, regulations, and guidelines governing the administration and implementation of child-welfare services established by the DHHS. For purposes of this study, New Jersey, Maryland, and Virginia were selected so that these same principles and measures could be applied to their own child-welfare practices. The two questions that will guide the examination and analysis included in this study will be described later in this chapter. The next paragraph outlines how the study will be organized.

The remainder of this chapter will provide a brief description of the problems that exist among at-risk youth and their families and those services provided by local social-services agencies to help address their needs. The significance of the problems associated with this segment of the population and the systemic challenges that exist among those providers tasked with implementing preventive and supportive services designed to help improve their quality of life has sparked an interest and purpose for conducting this study. The studies reviewed in the literature and the rationale for employing specific research tools to find answers to both questions pursued in the study will be addressed in this chapter including:

- the contributions that the study makes to existing knowledge about this topic
- the reasons why New Jersey, Maryland, and Virginia were selected
- the assumptions made about the services being provided by states to at-risk youth (children who were abused, neglected, and placed in foster care)
- the role of the federal government in monitoring this process will also be described in this chapter.

The chapter concludes by highlighting definitions for key concepts that make important contributions to the knowledge and understanding gained in this study.

Chapter 2 consists of nine sections designed to facilitate the categorization of key concepts related to child welfare that existed in the literature reviewed. Section 1 examines the chronological history of child-welfare legislation that has been passed in this country since 1935. A more detailed and descriptive account of the CFSRs is included in Section 2 of Chapter 2. Section 3 provides various definitions of abuse and neglect used by New Jersey, Maryland, and Virginia examined in this study. Sections 4 and 5 of the next chapter share several examples of

child-welfare programs and those policies and procedures that guide specific aspects of these programs. Sections 6 and 7 list and describe those researchers and scholars who have devoted their time and efforts to the creation, application, and development of public policy and implementation theories to help explain some of the challenges associated with the implementation of child-welfare programs. The last two sections of Chapter 2 are devoted to the information that exists in the literature about content analysis as a methodological approach for obtaining relevant data from sources such as the CFSR documents and the important role they play in measuring performance.

Chapter 3 provides a detailed description of how the study was conducted: in other words, the methodological approach implemented to collect, organize, and analyze all pertinent data that could be used to answer both questions posed in this study. The first half of this chapter is dedicated to describing all of the structural components that exist in the instruments employed during the first two phases of the CFSRs (see Appendices A and B) and explaining how they were used to collect all relevant data. The ways in which they were used and the contributions they made to the CFSR process itself were also noted. Section 4 of Chapter 3 demonstrated how data obtained by using these instruments would be generated, consolidated, and integrated into the purpose and scope of this study. Julnes's (2009) theoretical framework related to potential setbacks and roadblocks that may surface during the implementation of performance measures such as the CFSRs will be explained in detail in Chapter 5. Finally, the last section of this chapter focuses on the criteria used to select the sample of the three states included in this study.

In Chapter 4, data that represent all three phases of the CFSRs will be examined. For purposes of this study, the results representing nine of the 23 items associated with child safety,

permanency, and family outcome measures were examined in this chapter. Statistical data provided by the states during the first phase of the CFSRs that pertained to the number of children who were abused and neglected, children living in foster care, and children awaiting adoption were extracted from the National Child Abuse and Neglect Data System (NCANDS) and the Adoption and Foster Care Analysis and Reporting System (AFCARS) data systems. For example, the variations in the policies and procedures that governed how rulings of child abuse investigations were determined by each of the three states in the study are also reviewed in this section. Section 2 is devoted to taking a closer look at nine items associated with these child safety, permanency, and family outcomes, identifying challenges facing New Jersey, Maryland, and Virginia with respect to how they interpret and implement them, and the effects that the relationship between directors of the ACF regions and state administrators may have on their ability to implement child-welfare services. The final section of this chapter compares how each of the three states responded to their deficiencies identified after completing the second phase of the CFSRs.

Chapter 5 describes both the conclusions that can be drawn from this information, and the recommendations based on the analysis of all data pertinent to the scope and purpose of the study. The four factors representing Julnes's (2009) theoretical framework about performance measures such as the CFSRs, are included in each of the four sections of this chapter. The rational/technocratic factor referred to how the lack of expertise, resources, and information could have a negative impact on the implementation of performance measures. Organizational culture was the second variable that posed a challenge for both state and federal stakeholders directly involved in the CFSRs based upon reasons that will be reviewed in this chapter. Internal

and external stakeholders were the other two factors developed and advanced by Julnes (2009) to identify potential obstacles that interfered with the successful implementation of performance measures for organizations such as local social-services agencies. Again, these four factors provided a foundation from which a methodological approach could be developed to find answers to the second question pursued in this study. The next section of this chapter is the statement of the problem.

### **Statement of the Problem**

Lindsey (1994b) noted that “child abuse reports in the United States increased from 250,000 per year in the early seventies to more than 3,000,000 by 1994” (p. 2). In 2009, for example, 3.5 million families “were investigated or assessed for alleged maltreatment perpetrated against children living in the home and, of these, approximately 900,000 children were determined to be victims of abuse and neglect” (Annie E. Casey Foundation, 2009, p. 1). The noticeable increase in the number of children being abused and neglected in a 15-year period represents a serious problem for this segment of the population. Several pieces of child-welfare legislation have been passed in the United States since 1935 to address this problem. The Child Abuse Prevention and Treatment Act (CAPTA) of 1974 required states to create definitions for abuse and neglect and implement child abuse reporting laws. The Adoption Assistance and Child Welfare Act of 1980 authorized the federal government to provide states with monies that could be used to help prevent at-risk youth from entering foster care. The Family Preservation and Family Support Services Act of 1993 made federal funds available to states so they could administer and implement their family preservation and community outreach programs. The



ASFA was influential in developing a process called the CFSRs holding states accountable for ensuring that their child-welfare programs were designed to protect the health, safety, and well-being of children were being administered and implemented in accordance with existing federal mandates. Despite all of these efforts, however, acts of abuse and neglect committed against children remain a serious problem in this country.

### **Statement of Purpose**

The purpose of this study was to conduct a content analysis of state CFSR documents for New Jersey, Maryland, and Virginia in 2004 and 2009 to determine their levels of effectiveness in providing information about state compliance to federal child-welfare mandates.

### **Research Questions**

1. Are states providing relevant information to federal stakeholders at the DHHS about the delivery of their child-welfare services?
2. What are some of the challenges identified during the CFSRs that have a direct impact on stakeholders representing local, state, and federal governments in their administration, implementation, and evaluation of child welfare programs?

### **Rationale for the Research**

Maltreatment among children has been legitimately recognized as a national problem since the 1970s. Studies reviewed in Chapter 2 demonstrate that children who were maltreated experienced a wide array of physical and psychological symptoms that resulted from exposure to

such traumatic events. As Stein, Leslie, and Nyamathi (2002), Wentzel and Asher (1995), and Claussen and Crittenden (1991) had discovered, these symptoms included social isolation, rejection, anxiety, depression, and aggressiveness as well as poor self-confidence, self-concept, and self-esteem. The frequency of child maltreatment in the United States and the severity of symptoms associated with exposure to such traumatic events reinforced the need to ensure that programs and services designed to effectively address and prevent such events from occurring were functioning at an optimal level. For this reason, a content analysis of state CFSR documents for New Jersey, Maryland, and Virginia in 2004 and 2009 was conducted as a way of assessing whether states were complying with existing federal mandates governing the implementation of their child-welfare services.

### **Significance of the Study**

This study adopts and implements a unique methodological approach for assessing whether states are providing relevant information to federal stakeholders at the DHHS about their compliance with existing child-welfare mandates. It also introduces several options (supported by demographic and economic data) for addressing some of the current challenges facing state and federal stakeholders who are directly involved in the CFSR process. This can be used as an effective tool for generating more interest and enthusiasm among other researchers who can contribute additional knowledge to the development and improvement of the CFSRs altogether.

## **Limitations**

Although the methodological approach employed achieved its goal of answering both questions in this study, conducting face-to-face or telephonic interviews with state and federal stakeholders could have potentially added another dimension from which to examine and analyze the CFSR process. It may have produced more evidence pointing to other possibilities for applying theoretical and practical measures to enhance current knowledge on the subject. Selecting more than three states using the same methodological approach applied in this study could have been beneficial as well for the same reasons.

## **Selection of Participants**

The criteria for selecting the three states included in this study involved several defining characteristics. The first criterion was to find three states that participated in at least two rounds of CFSRs during the same years. The second criterion had to do with the need to select states that represented at least two different regional ACF offices that were described earlier in this chapter. The third selection requirement emphasized the need to select states that performed poorly on the same items that represented child safety, permanency, and family outcome measures. The final criterion was the need to select states that had a wide array of geographical, demographic, economic, and political characteristics; thus providing opportunities for appropriate cross-comparative analyses.

## **Assumptions**

Several assumptions were made regarding the CFSRs prior to the development of this study. The first was that instruments such as those used during the first two phases of the CFSRs were standardized; therefore, no potential roadblocks should prevent them from achieving optimum success. The second assumption was tied to program funding. It seemed logical that a well-funded program should be effective in carrying out its goals and objectives successfully. The third and final assumption was rooted in the idea that the more knowledge, availability of intervention services, and oversight you have invested in a problem like child abuse and neglect, the less likely it is to continue being problematic.

## **Definition of Terms**

- Child and Family Services Review (CFSR): A process for assessing and measuring a state's compliance with federal mandates regarding the administration and implementation of child-welfare programs created under Titles IV-B and IV-E of the Social Security Act (U.S. Department of Health and Human Services, 2007).
- Statewide Assessment: The first phase of the CFSR process initiated by the states responsible for reporting information related to abuse and neglect findings, foster-care placements, general information about the policies and procedures governing the implementation of child-welfare services, and narrative assessments that answered all 45 items of the CFSR instrument pertaining to child safety, permanency, and family outcome measures as well as systemic factors (U.S. Department of Health and Human Services, 2007).

- Quantitative Content Analysis: A type of content analysis that relies heavily on numbers derived from statistical data presented in tables that help identify the frequency of occurrence of specific content characteristics (Franzosi, Vol. 1, 2009).
- Performance Measurement: One of the primary vehicles organizations can use to assess their effectiveness by receiving feedback on various organizational systems, subsystems, and strategies that can identify strengths and detect warning signs or changes within its environment (Julnes, 2009).
- Program Improvement Plan (PIP): The third phase of the CFSR process that includes a state-designated plan addressing all areas of non-compliance identified during the CFSRs within a specified time frame (U.S. Department of Health and Human Services, 2007).
- Formula Grants: Grants a federal agency is required by statute to award if the recipient (usually a state) meets the eligibility or compliance requirements of the statutory and regulatory provisions of the program (U.S. Census Bureau, 2012).
- Discretionary Grants: Grants that permit the federal government, according to authorizing legislation, to exercise judgment or discretion in selecting the applicant or recipient organization through a competitive grant process (U.S. Census Bureau, 2012).
- Relative Risk: A ratio used to describe the probability of some event happening to a group that was exposed to a treatment/condition like maltreatment or the probability of that event happening in a group that was not exposed to a treatment/condition (Barnette, 2006).
- Physical Abuse: A bodily assault on a child by an older person that posed a risk of or resulted in injury (Bernstein et al., 2003).

- Physical Neglect: The failure of a caregiver to provide a child's basic physical needs, including food, shelter, safety, and supervision (Bernstein et al., 2003).

## **Summary**

This chapter provided a general overview of the chapters included in this study, presented the two questions that drive its research and methodological approach, identified existing problems associated with acts of abuse and neglect committed against children and the CFSR process itself, offered a brief description outlining the purpose of the study, and explained how the three states were selected. Definitions for key concepts described in the literature reviewed were also provided.

## CHAPTER 2

### LITERATURE REVIEW

#### **Overview**

This study seeks to find answers to the following two questions: (1) Are states providing relevant information to federal stakeholders at the DHHS about the delivery of their child-welfare services? and (2) What are some of the challenges identified during the CFSRs that have a direct impact on stakeholders representing local, state, and federal governments in their administration, implementation, and evaluation of child welfare programs?

The chapter provides chronological, historical account of child-welfare legislation in the United States as a way of identifying measures our federal government adopted to protect children from abuse and neglect. These legislative measures placed attention and visibility on child abuse and neglect in this country that eventually led to the creation and development of the CFSRs, as discussed in the next paragraph.

Section 2 of this chapter describes the CFSRs. It provides detailed information about what components exist in the instrument used to collect all pertinent data related to child-welfare services, how the information is organized within this structural framework, and how it is eventually interpreted by federal stakeholders conducting these evaluations. However, to effectively assess and evaluate how well local social-services agencies are delivering child-welfare services to their intended recipients, it becomes necessary to identify, define, and

measure what federal stakeholders at the Children's Bureau and the DHHS are evaluating. For this reason, Section 3 of this chapter provides various definitions of abuse and neglect developed by scholars and used by local social-services agencies throughout the country to identify and categorize these two types of maltreatment.

A wide variety of definitions have been used to describe abuse and neglect throughout the years. One is not necessarily better than the other, but they include a different set of ideas and perceptions that attempt to measure how abuse and neglect negatively affect the psychological, physiological, social, and emotional well-being of children who are exposed to such traumatic events. Some of these definitions have helped to shape how states like New Jersey, Maryland, and Virginia identify, measure, and implement policies and procedures to identify and prevent acts of maltreatment committed against children. The literature emphasized the importance prevention plays in child welfare and provided a list of programs designed to uphold and strengthen this practice in Section 4 of this chapter.

All policies and procedures that exist within a program are grounded in public-policy theories which support and advance the intent, goals, and objectives of such programs. The process by which this occurs is defined and explained in Sections 6 and 7 of this chapter. Policies and procedures represent the “nuts and bolts” of how actions will be defined and justified within the parameters of a program's existence and functionality. Not all theories guarantee that the policies and procedures governing a program will successfully accomplish its goals and objectives in an effective and timely manner. This is why it is important to evaluate how well a program is being implemented. Section 7 of this chapter will illustrate the importance of evaluating how a program is being implemented and whether it is being done in accordance with



its original intent, goals, and objectives. The last two sections of this chapter will raise an awareness of how using a methodological approach such as content analysis can help achieve this goal. It will also trumpet the importance exercising performance-measurement tools such as the CFSRs (described in Section 2) can have in realizing such a positive outcomes-based approach.

The primary focus of Section 8 of this chapter is on content analysis. This is a critical section because it exposes the key components of this methodological approach and explains how it has and can be used to help answer policy questions such as those raised in this study. The origins of content analysis and its application throughout the years will be thoroughly reviewed in this section as a way of legitimizing its existence, importance, and usefulness in fielding and accurately answering any research questions. Just as content analysis became the preferred methodological approach in this study, performance measurement (i.e., CFSRs) became the means and medium by which this was accomplished.

The literature reviewed and examined in the last section of this chapter pertains to performance measurement. Information about how this discipline has developed is provided. Its role in helping to improve how organizations such as federal government agencies operate is examined through detailed accounts that trace its early origins, growing importance, and continuous evolution within the United States and throughout the world. It does not refer to a type of performance measurement such as the CFSR reviewed in Section 2 of this chapter, but it illuminates its propensity to help an organization effectively manage and improve the way it conducts business on a daily basis. It became the centerpiece for this research study that focuses

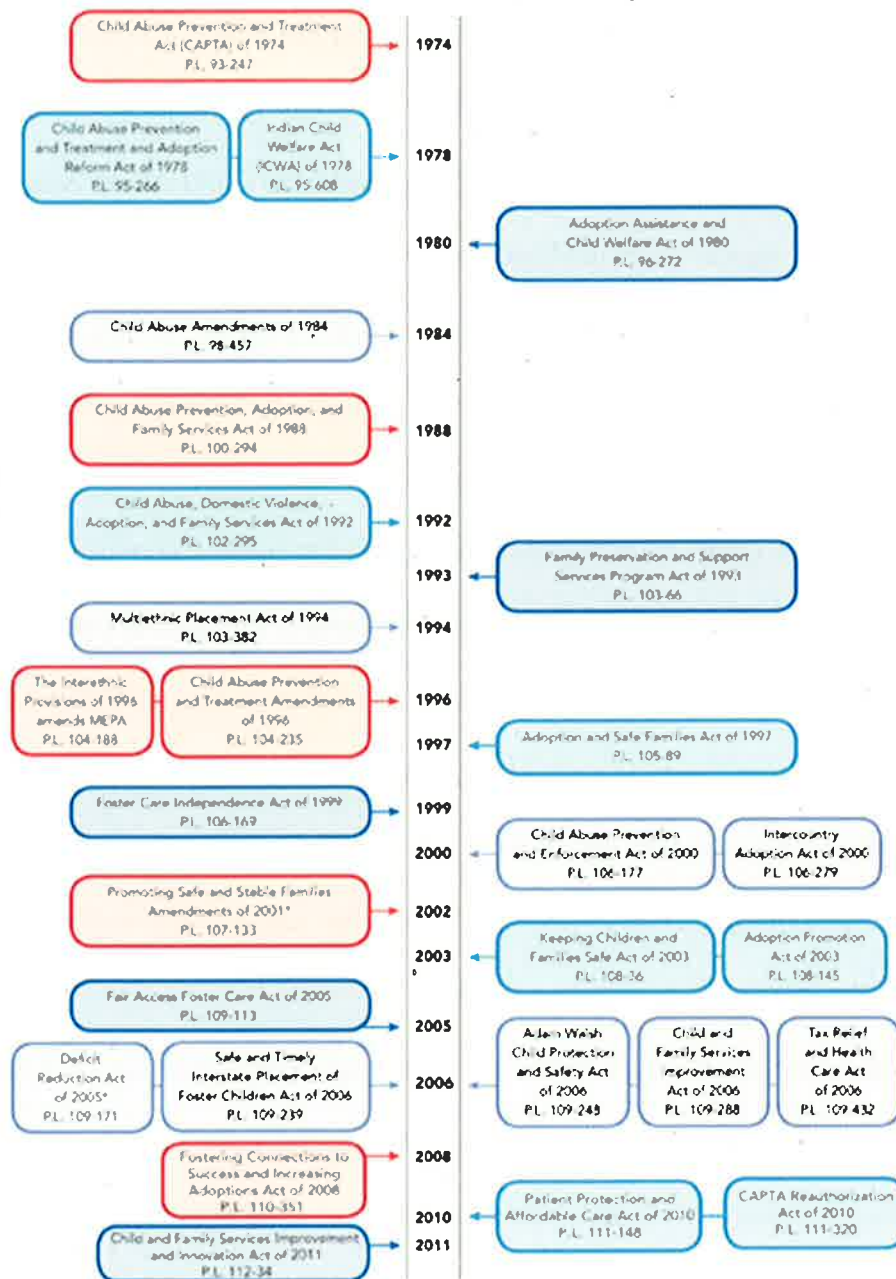
on how local social-services agencies in New Jersey, Maryland, and Virginia administer and implement their child-welfare programs.

## **Section 1. Legislation**

The Social Security Act was enacted during Franklin Delano Roosevelt's presidency in 1935, and created a number of programs to help low-income individuals and families. Aid to Dependent Children (ADC) and unemployment compensation represented the earliest social service programs designed to help at-risk youth and their families. It was not until 1974, however, that the first major piece of federal legislation was passed to specifically address child welfare and protection.

The Child Abuse Prevention and Treatment Act (CAPTA) of 1974 provided specific guidelines for all states on how to handle reports of child abuse and neglect, develop definitions that adequately describe both types of maltreatment, and establish mandatory reporting laws for these types of crimes committed against children. The Child Abuse Prevention and Treatment and Adoption Reform Act of 1978 was created "to help facilitate the placement of children with special needs in permanent adoptive homes" (Child Welfare Information Gateway, 2009, p.20). It also placed a strong emphasis on prevention and treatment efforts related to child sexual abuse and made funds readily available to address this specific type of child maltreatment. During the same year, the Indian Child Welfare Act was enacted to "regulate how states should handle cases of abuse and neglect, and adoption involving Native American children" (Child Welfare Information Gateway, 2009, p.19). The following decade would introduce three more legislative measures to address child protection, child welfare, and adoption.

### Timeline of Major Federal Legislation Concerned With Child Protection, Child Welfare, and Adoption



\*Some acts were enacted the year following their introduction in Congress.

**Figure 1.** Timeline of Major Federal Legislation Concerned With Child Protection, Child Welfare, and Adoption. From “Major Federal Legislation Concerned with Child Protection, Child Welfare, and Adoption,” by U.S. Department of Health & Human Services, Administration for Children & Families, Child Welfare Information Gateway, 2012. Retrieved from “Major Federal Legislation Concerned with Child Protection, Child Welfare, and Adoption.” Reprinted with permission.

The Adoption Assistance and Child Welfare Act of 1980 provided federal funding to states as a way of helping them to absorb some of the costs associated with maintaining children in foster care, adoption services for children with special needs, and required training for agency staff members, foster, and adoptive parents. Four years later, the Child Abuse Amendments of 1984 were passed by Congress “to extend and improve provisions of laws relating to child abuse and neglect and adoption” (Child Welfare Information Gateway, 2009, p. 18). It mandated states to institute and implement policies and procedures that guided how child-welfare staff should respond to allegations of medical neglect reported to their local social-services agencies. It also directed states to collect, organize, and analyze data related to foster-care placements and adoptions. The Child Abuse Prevention, Adoption, and Family Services Act of 1988 established a national database that tracked the number of incidents of child abuse and neglect as well as deaths that resulted from exposure to such traumatic events. It also facilitated the placement of minority children with minority families and provided legal services to those families who adopted special needs children. The 1990s would see an increase in child-welfare legislation that was greater than the two previous decades combined.

The Child Abuse, Domestic Violence, Adoption, and Family Services Act of 1992 placed a strong emphasis on the need to develop more research on child abuse and neglect. The specific areas targeted by this research included: “the relationship of child abuse and neglect to cultural diversity, the cultural distinctions relating to child abuse and neglect, and culturally sensitive procedures with respect to child abuse cases” (Child Welfare Information Gateway, 2009, p.17). The Act also empowered the Department of Health and Human Services (DHHS) to take a more proactive and hands-on approach when assisting states with a wide array of services and

activities associated with foster care and adoption. One year later, the Family Preservation and Support Services Program (FPSS) Act of 1993 was passed by Congress.

The FPSS Act was created and designed to provide guidance to states during their development of family preservation and support services for at-risk youth and their families. It also made grant monies available to the highest courts in each state to find new and more effective ways for handling their child-welfare cases. Another important characteristic included in this particular piece of legislation was how it defined family for those persons who sought and needed child-welfare services. Basically, it broadened the existing definition to include biological, extended, foster, adoptive, and self-defined families. The Multiethnic Placement Act surfaced the following year and contained six major provisions that are described in the next paragraph.

The Multiethnic Placement Act of 1994 prohibited local social-services agencies in each state from exercising racial and ethnic discriminatory practices that inherently imposed restrictions on children's ability of being adopted or placed in a particular foster home. The Act also required states to create and implement recruitment plans and campaigns aimed at hiring adoptive and foster parents that represent a wide range of cultural, ethnic, and racial backgrounds. It also "allowed an agency to consider the cultural, ethnic, or racial background of a child and the capacity of an adoptive or foster parent to meet the needs of a child with that background when making a placement" (Child Welfare Information Gateway, 2009, p. 16). By the same token, states receiving federal funds for providing foster and adoption services cannot discriminate against anyone who wishes to become a foster or adoptive parent. None of the provisions specifically outlined in this piece of legislation have a negative effect on any of the

legal components contained in the Indian Child Welfare Act of 1978. In the end, failure to comply with any part of this legislation is considered a violation of title 6 of the Civil Rights Act and will be prosecuted to the full extent of the law. In 1996, there were two other child-welfare legislative measures that were enacted and they are described in the next paragraph.

The Interethnic Provisions Act of 1996 basically amended the Multiethnic Placement Act of 1994. It supported all six provisions specifically outlined in that Act and added two new ones. First, it categorized the recruitment efforts made by states to select and license multiethnic and racially diverse foster and adoptive parents as a Title IV-B state plan requirement. Secondly, it developed a system of financial penalties that were imposed upon any state that was not in compliance with the Title IV-E state plan requirement included in the legislation. The Child Abuse Prevention and Treatment Amendments were also passed during this same year. It added new requirements that addressed delays in the termination of parental rights and the underlying problems associated with those referrals made to local social-service agencies that were based on false allegations of abuse and neglect.

The Child Abuse Prevention and Treatment Amendments of 1996 also “set the minimum definition of child abuse to include death, serious physical or emotional injury, sexual abuse, or imminent risk of harm” (Child Welfare Information Gateway, 2009, p. 15). The Act also authorized federal funds to states so that they could establish citizen review panels responsible for reviewing child fatalities and near-fatalities while assessing the level of cooperation and coordination that exists among the child-protection, foster-care, and adoption services in each state. Another piece of child-welfare legislation that created in the 1990s is examined in the next paragraph.

The Adoption and Safe Families Act of 1997 was created to promote the adoption process for those children living in a foster-care setting and essentially amended Title IV-E of the Social Security Act. One of the provisions contained in this legislation provided financial incentives to those states that increased their number of adoptions. The efforts made by states throughout this process had to be well documented and child-specific. The Act also required that court proceedings be initiated for any child who had been living in a foster-care setting for at least 15 of the most recent 22 months while waiting to be adopted. It also required states to begin coordinating with the courts a process for terminating the parental rights of any child who had been in foster care 15 of the previous 22 months. Another provision specifically outlined in this piece of legislation mandated that every child who had been living in foster care for at least 12 months was required to have a permanency court hearing. Aside from renaming the FPSS program to the Safe and Stable Families program, the Adoption and Safe Families Act of 1997 also required the DHHS to report on the effects substance abuse has on the child-welfare population and how effective current intervention services are in addressing this problem. Lastly, it also ensures that children's health, safety, and well-being are always considered when local social-services agencies in each state decide where to place a child who has been abused and/or neglected. The next paragraph will review the seventh and final piece of child-welfare legislation of the 1990s.

The Foster Care Independence Act of 1999 provided more financial support and flexibility to states so they could successfully implement child-welfare programs designed to help children in foster care make a smoother transition into a more self-sufficient and independent living arrangement. It allowed 18-21 year olds who had been emancipated from

foster care to receive extended Medicaid coverage, increased the level of funding provided to states for adoption incentive payments, reinforced the need to help children in foster care find a permanent placement while engaging in independent living activities, required states to ensure that prospective foster and adoptive parents be equipped with appropriate and effective training, allowed former foster youth between the ages of 18-21 to be awarded funds to help pay for their room and board, and it revised and increased the number of grants awarded to states as a way of encouraging them to develop and improve their independent living programs. The next decade would produce 15 new pieces of child-welfare legislation that focused on child protection, child welfare, and adoption.

The Child Abuse Prevention and Enforcement Act of 2000 was created and designed to reduce the number of child abuse and neglect incidents committed against children in the United States. One of the major provisions of this law is that it awarded federal grants to law enforcement personnel in each state who were charged with the responsibility of ensuring that existing laws protecting children from any type of maltreatment were appropriately enforced. These federal grants also promoted a stronger sense of cooperation between law enforcement and the media that could improve their ability to apprehend criminal suspects who have committed acts of violence against children. Cooperation among law enforcement and other collateral providers such as local social-services agencies would also be very beneficial for similar reasons. During this same year, the Inter-country Adoption Act was passed.

The Inter-country Adoption Act of 2000 governed the implementation of adoptions that occurred between the United States and other countries in accordance with the provisions specifically outlined in the Hague Convention. It mandated that “the Department of State and the



Internal Naturalization Services (INS) establish a case registry for all inter-country adoptions incoming, outgoing, Hague Convention cases, and others” (Child Welfare Information Gateway, 2009, p. 12). The Act authorized adoption service providers in the U.S. to provide services for Convention adoptions only if they had been legitimately approved through the Hague accreditation process. By the same token, it also supported and authorized the idea that Convention adoptions finalized in other countries would be recognized throughout the United States.

The Act also outlined policies and procedures that needed to be followed by residents of other countries who adopted a child residing in the United States. State courts were not allowed to finalize Convention adoptions unless they verified that all of the requirements needed to successfully complete this process (as determined by both the country of origin and receiving country) were achieved. The Inter-country Adoption Act of 2000 also created a new category of children being adopted under the Hague Convention by amending the Immigration and Nationality Act so that immigrant visas could be issued more expeditiously during this process. The U.S. Central Authority within the Department of State was responsible for ensuring that all aspects of the inter-country adoptions were executed in accordance with all of the provisions outlined in this Act. Approximately one year later, the PSSF Amendments were passed.

The purpose of the PSSF Amendments of 2001 was to “extend and amend the Promoting Safe and Stable Families program, provide new authority to support programs for mentoring children of incarcerated parents, and amend the Foster Care Independent Living program under Title IV-E to provide for educational and training vouchers for youth aging out of foster care” (Child Welfare Information Gateway, 2009, p.11). In order to accommodate these new

developments, Title IV-B, subpart 2 of the Social Security Act was amended. The definition for family preservation services was changed so that infant safe haven programs could be incorporated as well. Another major provision of the Act is that it created and funded a voucher program that could be used to help those youth who have aged out of foster care by allowing them to receive additional education and training so that they could become more competitive in the job market. In 2003, two more child-welfare legislative measures were passed.

The Keeping Children and Families Safe Act of 2003 was enacted on June 25, 2003. This piece of legislation modified the eligibility requirements for states who applied for the Child Abuse Prevention and Treatment Act (CAPTA) grant. Such changes included the following: developing policies and procedures that addressed the needs of infants born drug-exposed, child protective services (CPS) workers would have to inform the persons they are investigating about the allegations that were made against them, new training requirements for CPS workers that addressed and reviewed their legal duties as well as the legal rights of their clients, the need for states to develop policies and procedures that outlined how they responded to the needs of a child who is under 3 years of age and found to be a victim of abuse and/or neglect, and specific provisions that now “required a state to disclose confidential information to any federal, state, or local government entity with a need for such information” (Child Welfare Information Gateway, 2009, p.10). It also created a new stipulation that required those applicants applying for grants under the Abandoned Infants Assistance program to give priority to children who were born drug-exposed and/or exposed to the human immunodeficiency virus (HIV). The Adoption Promotion Act of 2003 was enacted 6 months later.

The Adoption Promotion Act of 2003 authorized the Secretary of the DHHS to impose penalties on those states who failed to provide foster-care and adoption data in the AFCARS national database. It also revised the eligibility requirements for states to receive adoption incentives payments; particularly for those children who were 9 years of age or older or had special needs. Two years later, the Fair Access Foster Care Act and the Deficit Reduction Act were enacted to address other aspects of child-welfare services.

The Fair Access Foster Care Act of 2005 was relatively short when compared to the child-welfare legislation that was reviewed up to this point. The purpose of this particular piece of legislation was to “amend part E of Title IV of the Social Security Act to allow foster-care maintenance payments to be paid on behalf of eligible children through a nonprofit or for-profit child-placement or child care agency” (Child Welfare Information Gateway, 2009, p.9). The Deficit Reduction Act of 2005 was passed almost 3 months later and established provisions related to several social service programs that included the Healthy Marriages and Family funds, Safe and Stable Families program, the Temporary Assistance to Needy Families program, and the Court Improvement program.

The Act required that there had to be sincere and meaningful collaborative efforts made by both the courts and local social-services agencies when addressing child-welfare programs. It increased the amount of money allocated for Court Improvement grants as a way of improving how data is collected and the training that is supported by this program. This piece of legislation required that an individual applying for Medicaid had to furnish proof that he or she was a U.S. citizen. Incentive bonuses were provided to states that demonstrated there was a concerted effort being made by them in coordinating child welfare services for those at-risk youth living in tribal

families. Lastly, it established criteria for federal matching funds available to states that wished to get reimbursed for administrative expenses associated with children who were “candidates for foster care, living in unallowable facilities, or placed with unlicensed relatives” (Child Welfare Information Gateway, 2009, p. 9). As described in Figure 1, there were a total of four new pieces of federal legislation that addressed child protection, child welfare, and adoption in 2006.

The Safe and Timely Interstate Placement of Foster Children Act of 2006 was developed to ensure that states placed children across state lines in an effective and timely manner. It provided incentive payments to states in the form of grants if they successfully completed home studies as part of this process within a 30-day period. Social workers who had a direct working relationship with children who were placed in foster homes outside of the state were expected to visit them more frequently. Grant monies were available to the highest courts in each state as a way of encouraging them to develop new and more effective legal measures that could facilitate this process. The Act also specified the need for foster and adoptive parents as well as relative caregivers of a child living in foster care to be notified by the court about any upcoming hearings. The last major provision of the legislation authorized foster parents to collect the health and education records for a child who will be placed with them. Less than one month later, the Adam Walsh Protection and Safety Act was enacted.

The underlying purpose of the Adam Walsh Child Protection and Safety Act of 2006 was to protect children from any type of exposure to sexually abusive acts committed against them by others. For this reason, it required that every prospective foster or adoptive parent submit to state and federal background checks. States were also expected to comply with any requests to share information pertaining to child abuse registry checks. This law also placed a great deal of

emphasis on making sure that highly sensitive information such as child abuse and neglect registry was not utilized inappropriately by local social-services agencies in each state. Again, the information could only be used to conduct background checks on persons who applied to become foster or adoptive parents. A fourth provision found in this Act ordered the Secretary of the DHHS to develop policies and procedures that guided the creation of a national data base system that tracked all of the substantiated and indicated child abuse and neglect cases. The Child and Family Services Improvement Act was passed 2 months later.

The Child and Family Services Improvement Act of 2006 essentially amended Title IV-B, subpart 1, of the Social Security Act in order to reauthorize the Promoting Safe and Stable Families (PSSF) program. Although the program was initially created with a permanent authorization status, this Act completely changed that by only granting a 5-year funding authorization instead totaling \$325 million dollars annually. Approximately \$40 million dollars of this money was appropriated by the DHHS annually to support costs associated with monthly visits conducted by caseworkers to the homes of those children living in foster care. According to this particular law, these monthly visits by caseworkers were mandatory. It required states to submit an annual plan that reflected how much they were projected to spend on child and family services during a 12-month period. This information was supported by statistical data that described how many children and families in a particular state benefited from services provided by the PSSF program. The Tax Relief and Health Care Act would represent the fourth and final piece of child-welfare legislation that year.

The Tax Relief and Health Care Act of 2006 had fewer provisions than the other three Acts enacted that same year. It added a new provision to Title IV-E of the Social Security Act

that required states to develop policies and procedures that verified the citizenship or immigration status of all children living in a foster-care setting. This mandate was included as an inspectable and measured item during the first two phases of the CFSRs. The Fostering Connections to Success and Increasing Adoptions Act was passed by Congress 2 years later and represented the only child-welfare legislative measure that year.

The Fostering Connections to Success and Increasing Adoptions Act of 2008 contained, by far, the largest number of provisions when compared to any of the previous 24 pieces of child-protection, child-welfare, or adoption legislation examined thus far. Kinship guardianship assistance monies were provided to states and tribes under Title IV-E and awarded to relatives who had become the legal guardians of children living in foster care. It also extended the Medicaid coverage for children living in that type of situation. Before any of this could occur, however, relatives who had applied for the guardian assistance benefits would have to submit to state and federal background checks that included fingerprints and child abuse and neglect registry verification. Children living in foster care were now given an opportunity to maintain contact with their families through federal grants that were made available to state, local, and tribal welfare agencies through activities and resources such as family team decision-making meetings (FTDM), kinship navigator programs, residential family treatment programs, and concerted efforts to find and reestablish relationships with these children's biological families. Several other provisions of this Act will be described in the next paragraph.

The Fostering Connections to Success and Increasing Adoptions Act of 2008 allowed "federally recognized Indian tribes, tribal organizations, and tribal consortia to apply to receive Title IV-E funds directly for foster care, adoption assistance, and kinship guardian assistance

effective October 1, 2009” (Child Welfare Information Gateway, 2009, p. 4). The Adoption Incentive program was funded through FY 2013 by this Act and the incentive payments for both the special needs and older child adoptions nearly doubled. Caseworkers were required to develop a case plan for children in foster care that promoted educational stability and a seamless transition at least 90 days prior to their emancipation. Children receiving Title IV-E foster-care, adoption, and guardianship payments were required to maintain their status as full-time students unless they had a medical condition. The two final major provisions of this Act mandated that all states successfully coordinate all mental health, dental, and health-care services for those children living in a foster-care setting while strongly encouraging them to ensure that siblings who were removed from such an environment stayed together in their next foster home. The highly publicized Patient Protection and Affordable Care Act was passed by Congress 2 years later.

One of the major provisions related to child welfare included in the Patient Protection and Affordable Care Act of 2010 is that children who have a preexisting condition and are under the age of 19 cannot be denied any type of medical care. The Act also places a great deal of emphasis on prevention as specifically related to low-income women who are pregnant and those at-risk youth living in any community throughout the country. As previously described in this chapter, children who have been abused and neglected often exhibit negative symptoms that affect their psychological, social, and emotional functioning. Provisions in this legislation would take a proactive and preventive approach by ensuring that this segment of the population was given the opportunity to receive counseling services, for example, to help them cope with and adequately address the psychological, social, and emotional symptoms associated with exposure

to such traumatic events. Other vulnerable and at-risk individuals such as lower-income pregnant women could benefit from the preventive and educational components of this law that included counseling services to deal with depression, for example, and classes or trainings that increased an individual's awareness of alcohol and/or drug abuse, appropriate hygiene, nutrition, losing weight, and quitting smoking. During the same year, the Child Abuse Prevention and Treatment Reauthorization Act was enacted.

The Child Abuse Prevention and Treatment Reauthorization Act of 2010 expanded the basic philosophical principles outlined in the earlier version of this legislation that was passed back in 1974 and widened the scope of responsibility exercised by the federal government in ensuring that states continued to provide high-quality child-welfare services for their clients. Unlike the previous version, this piece of legislation placed a great deal of emphasis on training. It specifically held the Secretary of the DHHS accountable for this new measurable requirement. This federal agency was expected to collaborate with the states in establishing resource centers located throughout the country that provided relevant and realistic training for child-welfare workers. The curricula for these types of trainings were developed around the concept of sharing information and knowledge among the social-services and medical communities with input from other collateral resources such as law enforcement and the courts. The trainings focused heavily on the needs of abused and neglected children under the age of three, children with disabilities, and the legal rights of children and families directly impacted by investigations conducted by CPS workers.

The Act also authorized several grants to states that routinely placed children with relatives once they were removed from the home of their biological parent(s) who were



unwilling and unable to care for them, demonstrated collaborative efforts between CPS and domestic violence entities, and implemented a community-based approach involving schools, law enforcement, churches, synagogues, and other community agencies that worked directly or indirectly with children who were victims of abuse and neglect. As indicated in Figure 1, the Child and Family Services Improvement and Innovation Act represented the most recent legislative measure enacted by Congress to address child protection, child welfare, and adoption.

The Child and Family Services Improvement and Innovation Act of 2011 introduced several new major provisions related to child protection, child welfare, and adoption. It required that all local social-services agencies within a state ensure that their child-welfare workers visited 90% of foster-care children with whom they worked at least once per month. The Act also authorized states to utilize Title IV-E funds to maintain long-term therapeutic family treatment centers where parents and children could reside for up to a period of 6 months. Some of the services provided at these residential women and children treatment centers included substance abuse services, family counseling, medical and mental-health services, child early-intervention services, parenting classes, nursery or preschool services, general equivalence (GED) classes, and vocational training services. This law also changed the criteria established by previous legislation that pertained to educational opportunities available to children in foster homes who experienced multiple placements. These children could now maintain matriculation at their current school; regardless of the number of times they had to change foster homes.

Legislative measures passed since the Social Security Act such as CAPTA in 1974, the Adoption Assistance and Child Welfare Act of 1980, and the ASFA in 1997, raised an awareness about the need to increase child-welfare services in the United States. Each of the 28 historical

legislative landmarks represented in Figure 1 played a critical and collective role in helping to prevent and eliminate crimes committed against children. They affected the child-welfare services that would be available, who would be funding and providing them, and how the providers of such services would be held accountable in making sure that they were delivered in an effective and timely manner. As a result of these legislative efforts to develop and improve child-welfare services, a nationwide performance-measurement process known as the CFSRs was created in 2001 to evaluate those programs that provide these services. The key components of the CFSR are described in the next section of this chapter.

## **Section 2. Child and Family Services Reviews (CFSRs)**

“The 1994 Amendments to the Social Security Act authorized the U.S. Department of Health and Human Services to review State child and family services programs to ensure conformance with the requirements in Titles IV-B and IV-E of the Social Security Act” (U.S. Department of Health and Human Services, n.d.-b). These early efforts emphasized the need for the federal government (specifically, the DHHS) to closely monitor states’ ability to administer and implement their child-welfare programs led to the creation of the ASFA mentioned in the previous section of this chapter. The CFSRs represented the final product created as a result of the cumulative legislative measures passed during the previous 6 decades and aimed at protecting the health, safety, and well-being of children. The CFSRs became the official process that the federal government exercised to assess states’ compliance with the administration and implementation of their child-welfare programs. An instrument containing 23 items related to

child safety and family outcomes and 22 items to measure seven systemic factors was used during the CFSRs.

Before the federal government intervened to administer the CFSR, each state conducted its own statewide assessment of its child-welfare programs. The states looked closely at the recurrence of maltreatment, the stability of its foster-care placements, the length of time it took for children to be reunited with their families or adopted, and the number of children who entered foster care on more than one occasion. Items such as the recurrence of maltreatment and any incidents of maltreatment while these children were in foster care were also analyzed during this stage in the process. Federal stakeholders from the Children's Bureau within the DHHS were actively involved in monitoring and facilitating states' collection, organization, and interpretation of these data during this first phase of the CFSRs.

The second phase of the CFSRs consisted of on-site reviews at local social-services agencies within a state by federal stakeholders from the ACF, whose primary responsibilities included "case records reviews, interviews with children and families engaged in services, and interviews with community stakeholders, such as the courts and community agencies, foster families, and case workers and service providers" (U.S. Department of Health and Human Services, n.d.-a). This was an opportunity for federal stakeholders and state administrators who assisted and supported them during these on-site reviews to closely monitor and evaluate how effective select social-services agencies were in administering and implementing their child-welfare programs according to the criteria already established in the instrument they used throughout this process. The PIP is the third and final phase of the CFSRs and will be described in the next paragraph.

The PIP affords states opportunities to address deficiencies discovered during the first two phases of the CFSRs. Those states that did not achieve a satisfactory performance at the conclusion of the second phase of this process were required to submit their PIP within 3 months after being notified by the ACF that they needed to do so. According to the Program Improvement Rule (2001), if ACF notifies the states that the PIP is not acceptable, then the state has 30 calendar days to resubmit the plan for approval. Status reports must be submitted to the ACF on a quarterly basis by a state that does not achieve federal mandates for child safety and family outcomes and its overall plan must be successfully completed and sent to the ACF within a 24-month period. The next four paragraphs describe the first two rounds of the CFSRs, how they have helped states to improve their delivery of child-welfare services, and some of the underlying concerns associated with this process.

The first round of the CFSRs began in 2001, and the second occurred in 2004. States were evaluated in different years as determined by DHHS. For example, New Jersey, Maryland, and Virginia were selected for this study because they participated in the first two rounds of the CFSRs in 2004 and 2009. Once a state completed its first round of the CFSRs, it had to address all of those deficiencies identified during this process successfully by the time they participated in their next round of the CFSRs. As with all government-sponsored programs, critics found fault with the policies governing the CFSRs and the process used to implement them. Some critics felt that the CFSRs were inefficient and ineffective in assessing the quality of services for those social-services programs designed to protect and preserve the health, safety, and well-being of children. One of the biggest criticisms of the CFSR process was that the sample size of the cases reviewed during the second phase (on-site reviews) was too small. In the first round of the

CFSRs, 50 cases were reviewed. “During the second round, the federal government made a ‘concession’ to critics and increased the figure to a whopping 65” (National Coalition for Child Protection Reform, 2008, p. 2). This sample size was relatively small, especially considering the fact that most states helped thousands of children referred to their local social-services agency.

The process by which the 65 cases were selected was flawed because the social-services agency being reviewed “gets to choose the final 65” cases, which “are identified weeks before the actual federal review” (National Coalition for Child Protection Reform, 2008, p. 3). Although in-home interviews with caregivers were required during the second phase of the CFSRs, some states reported that the interviews took place at the agency office and that “in some cases, brief telephone conversations were substituted for the in-person interviews” (National Coalition for Child Protection Reform, 2008, p. 3). Another argument against the CFSR process was that some federal reviewers were not qualified to determine whether children’s mental-health needs had been adequately addressed. In fact, Huber and Grimm (2003) found that “one in four child abuse victims and foster children were never assessed for mental-health needs, or never provided with appropriate mental-health services” (p. 4).

Despite criticisms, the CFSR process had proven useful in identifying some underlying problems and issues related to the administration and implementation of child-welfare programs. For one, the level of training required for foster parents varied from one state to another. In Minnesota, for example, “a mere 12 hours of pre-service training and 6 hours of annual training” were required of foster parents (Grimm 2003, p. 2). Other states required 30 or more hours of training. Another issue discovered during the CFSRs was that some states did not document training adequately. “Those states that do collect statistics and report on compliance with training

requirements usually provide very limited data” (Grimm, 2003, p. 2). Federal stakeholders conducting the CFSRs also found that “many states failed to involve foster parents in the decision-making process” by doing things such as denying them an opportunity to be heard during scheduled court hearings (Grimm, 2004, pp. 1-2).

When Congress passed legislation in 1994 allowing the federal government to monitor state child-welfare programs, it had taken almost 60 years to create and develop an instrument and a process for evaluating such programs. Even after the 1994 legislation, it took the federal government another 5 years to begin implementing the CFSR process. Overall, it took the government nearly 65 years to develop a process for monitoring states’ abilities to use federal funds designated to assist in the protection of children. For example, in 2000, the federal government spent \$9.9 billion in funding such state-run child-welfare programs, while the states spent \$11.1 billion (Grimm & Hurtubise, 2003, p.1). Despite all the money spent by federal and state governments on child-welfare services such as family preservation services, school-linked services, and child-protection services, the literature reviewed showed some flaws still exist in the administration and delivery of such services. Systemic improvements must be made to ensure a more proactive approach in preventing acts of abuse and neglect committed against children while providing more effective and timely responses when it does occur.

Local social-services agencies throughout the country are tasked with administering and implementing child-welfare programs designed to address and prevent acts of violence committed against children. The purpose of this section was to examine all three phases of the CFSRs, provide a detailed explanation of all the events that occur in each of these phases, and review some of the favorable and critical accounts pertaining to the organization,

implementation, and overall functionality of this process. This section is significant because it represents the centerpiece of how information contained in this study is organized, structured, and developed in an attempt to answer its two questions that will be examined and analyzed in Chapters 4 and 5.

### **Section 3. Definitions of Abuse and Neglect**

As stated earlier, the CFSR process was a direct response to growing concerns about children's safety in this country identified and addressed in the child-welfare legislation passed during the past several decades. Unfortunately, the problem continues to exist and has negatively affected the lives of many children living in this country. In 2009, for example, 3.5 million families "were investigated or assessed for alleged maltreatment perpetrated against children living in the home and, of these, approximately 900,000 children were determined to be victims of abuse and neglect" (Annie E. Casey Foundation, 2009, p. 1). As the literature demonstrated, exposure to varying degrees of abuse and neglect adversely affected children's physiological and psychological well-being. The purpose of this section is twofold. First, it will identify those symptoms that children who have been abused and neglected may experience. Second, it will provide insight about how existing knowledge regarding the symptoms experienced by children who have been exposed to traumatic events has helped to influence how maltreatment have been defined over the years. Several definitions for abuse and neglect created by scholars between 1967 and 2003 will be highlighted in this section.

Children who are exposed to abuse and neglect experience a variety of physical symptoms. Prolonged deprivation of adequate amounts of food and drink will give rise to the

syndrome of failure to thrive, better known as growth and development delay (Oliván, 2003, p. 106). These children are malnourished and underweight, may not achieve an appropriate height for their age group, lack confidence in social situations, experience difficulties expressing themselves to others, have trouble retaining information, experience a loss of appetite, and suffer irregular or inadequate functioning of their vital organs.

The negative effects evident in this population may not necessarily be easily visible right away. Eisen, Goodman, Qin, Davis, and Crayton (2007) explored these problems from a neuropsychiatric perspective and pointed out that children who are abused and neglected experience not only intellectual delays but also difficulties developing their speech and language. This ultimately affects children's ability to function effectively as productive members of society. Individuals exposed to these traumas tend to release higher levels of cortisol to counteract physiological distress, which, in turn, negatively affects memory and often increases heart rate and blood pressure.

For instance, abused and neglected children who have not been properly immunized may be more susceptible to illness and may aggravate physiological problems that already exist. Failure to address dental care may also lead to more serious health concerns later on. As mentioned earlier, these individuals may experience personal challenges when attempting to process and interpret information. Eisen et al. (2007) went on to say that these deficits do not stop here. For example, eyesight and their fine motor skills necessary for stabilizing balance and visual processing can also be negatively affected.

In some cases, children may be neglected before they are even born. Henry, Sloane, and Black-Pond (2007) looked at the harmful effects prenatal alcohol exposure had on children's



development later in life. Alcohol impairs the brain and causes moderate to major delays in a child's neurological and neurodevelopmental functioning. Prenatal alcohol exposure may often lead to shortened eye openings, mental retardation, lip ailments, and disfigurement (Rogers-Adkinson & Stuart, 2007, p. 149). These physical deficits can lead to or exacerbate others previously mentioned. In addition, abused and neglected children often exhibit other negative symptoms that affect their psychological, social, and emotional functioning.

Several psychosocial and emotional symptoms are common among individuals who have been victims of varying types and degrees of maltreatment. Anxiety, depression, social isolation, emotional distancing and withdrawal, rejection, sleep disturbance, aggressiveness, and post-traumatic stress disorder, as well as poor self-confidence, self-concept, and self-esteem, are some symptoms that often lead to developmental difficulties in a child's psychological and emotional state (Claussen & Crittenden, 1991; Runyon, Faust, & Orvaschel, 2002; Silverman, Reinherz, & Giaconia, 1996; Stein, Leslie, & Nyamathi, 2002; Wentzel & Asher, 1995). The extent to which these children are negatively affected by these behavioral characteristics depends on the time frame of such exposure and the frequency with which it manifests itself. These symptoms are not exclusive in that an individual may experience several of these symptoms at the same time.

A good majority of abused and neglected children exhibit eating disorders, antisocial behaviors, and personality disorders (Rodgers et al., 2004, p. 576). These individuals often engage in risky behaviors such as abusing alcohol and drugs, practicing unsafe sex, refusing to abide by institutional or organizational rules, failing to practice appropriate hygiene, and failing to immediately address any health concerns. These psychosocial and emotional effects may be concurrently experienced with some of those physiological symptoms mentioned earlier. A

causal relationship exists among some of them and may explain why, for example, a victim of abuse and neglect whose brain did not fully develop will not only experience certain neurological impairments but also bouts of depression. This is because the brain is partially responsible for controlling one's emotional state.

It has also been said that child abuse often occurs in multiple forms, as do the varying degrees of dysfunction occurring in these victims' homes simultaneously (Dong et al., 2004; Dong, Anda, Dube, Giles, and Felitti, 2003). This presents a challenge for service providers, such as social workers, who have to be creative in mobilizing limited resources in an attempt to help improve the lives of these children. Providers must emphasize finding ways to build upon these children's strengths while employing effective methods of intervention to address their psychosocial and emotional issues related to exposure to abuse and neglect.

For approximately 44 years, a growing number of researchers and academics have conducted and published extensive research on the subject of child maltreatment. One of the first and most influential works on this subject was *The Battered-Child Syndrome* by Kempe, Silverman, Steele, Droegenmueller, and Silver (1962). Their research focused on child maltreatment in California, and revealed the horrific and dangerous conditions some children were living in. This exposure propelled future studies on child abuse and neglect while sparking an interest in the creation of new child-welfare legislation described in Section 1 of this chapter. It also highlighted a significant need to create and develop child-welfare programs that will be described in the next section of this chapter to effectively prevent and adequately address both types of maltreatment committed against children.

In summary, children's exposure to abuse and neglect has both short and long-term implications for their physiological and psychological development. Unfortunately, this problem has grown exponentially since Kempe et al. published *The Battered-Child Syndrome* in 1962. In 2002, for example, the DHHS released a report stating that "approximately 900,000 children in this country were victims of abuse and neglect and about 1,200 children died of abuse and neglect in the year 2000" (Horchak-Andino, 2003, p. 2). One of the issues that will be analyzed in Chapter 5 is the fact that different geographical locations among New Jersey, Maryland, and Virginia have different definitions and interpretations for these two types of maltreatment. The next four paragraphs will provide various definitions of abuse and neglect that were found in the literature.

Kempe and Helfer (1972) described physical abuse as a sign and symptom characterized by one's "failure to thrive and poor hygiene" (p. 1). Lynch (1988) defined child abuse as any physical evidence described as "welts, broken skin, and discoloration of skin" caused by hands, belts, and electrical cords (p. 143). As time went on, variations in meanings and definitions for child abuse emerged. Bernstein et al. (2003) created a more recent and widely publicized definition of child abuse. These authors used a concise definition, describing physical abuse "as a bodily assault on a child by an older person that poses a risk of, or result[s] in, injury," while they defined emotional abuse as any use of language by an adult directed at a child that is humiliating and threatens the child's self-esteem (pp. 174-175).

The study of neglect has an equally comprehensive history and has been explained in varying degrees and interpretations. Lynch (1988) described neglect as when a child experiences a "lack of clothing, food, medical attention, and poor school attendance" (p. 143). She went one

step further and described it as a by-product of certain school behaviors and other family dynamics such as drug use, absenteeism, improper clothing, lack of personal hygiene, vandalism, poor nutrition, alcoholic parents, lack of parental supervision, and emotional neglect. Dubowitz, Black, Starr, and Zuravin (1993) draw a connection between poverty and neglect. They propose that a lack of financial resources leads to risk factors such as limited access to health care, significant exposure to lead, inferior educational opportunities, and inadequate nutrition.

Zuravin and Taylor (1987) defined neglect using the following criteria: a parent's failure to provide a stable home, refusal or delay to provide mental-health care, or abandonment and desertion, as well as nutritional neglect, educational neglect, custody-related neglect and refusal, and inadequate housing and sanitation. Bernstein et al. (2003) characterized neglect as being both physical and emotional in nature. They described physical neglect as caregivers' failure to provide for a child's basic physical needs, including food, shelter, safety, and supervision. They referred to emotional neglect "as the failure of caretakers to provide for a child's basic psychological and emotional needs, such as love, encouragement, belonging, and support" (pp.174-175).

Section 3 provides information about the different physiological and psychological symptoms experienced by children who have been abused and neglected. This magnified the extent to which those children who are exposed to such traumatic events suffer on a daily basis. The close examination of these symptoms increased the level of understanding while inherently heightening a sense of urgency among those scholars, government officials, and child-welfare providers who sought to conceptualize and measure these two types of maltreatment. For this reason, some of the more popular and widely used definitions of abuse and neglect created and

advanced by scholars were also described in this section. The important role that these definitions play in influencing how policies and procedures related to child welfare will be developed are carefully examined in Section 5 of this chapter. Chapter 4 will show how these definitions vary among New Jersey, Maryland, and Virginia and guide how they calculate risks and responses associated with both types of maltreatment. The different social-services programs designed to help prevent and address incidents of abuse and neglect committed against children are reviewed in the next section of this chapter.

#### **Section 4. Social-Services Programs**

Contemporary social-services programs to help at-risk youth and their families were created through legislative mandates that resulted from a growing need to provide stability and help protect children who were victims of abuse and neglect from exposure to further maltreatment. This section provides detailed descriptions of three social-services programs that include family preservation services, CPS, and school-linked services.

In 1993, Congress passed and President Clinton signed the Omnibus Budget Reconciliation Act, Public Law 103-66, that included provisions to widen the scope and responsibilities of the family preservation and support program that had initially been created by the Adoption Assistance and Child Welfare Act of 1980. This program was designed to “help families (including adoptive and extended families) to resolve an immediate crisis, maintain safety of children in their own homes, support families preparing to reunite or adopt, and help families obtain services that meet their multiple needs in a culturally appropriate manner and prevent unnecessary out-of-home placement” (ARCH, 1994, p. 4). The premise of this program

is keeping the family intact. Children living in the household this law protects are at risk for being abused and neglected by their caregivers. This program strengthens family dynamics by focusing on any strengths that may exist while working collaboratively with family members and community resources to improve family functioning.

As the statistics indicate, crimes committed against children have significantly increased in recent decades. Lindsey (1994b) noted that “child abuse reports in the United States increased from 250,000 a year in the early seventies to more than 3,000,000 by 1994” (p. 2). Some of the reasons for this escalation include increased violence, homelessness, substance abuse, and poverty. These conditions have created stressors that disrupt and threaten the physiological, psychological, and emotional bond shared by all family members. Family preservation workers are expected to educate families on how to prevent domestic violence and child abuse and neglect. Moreover, they advocate on the family’s behalf to secure other community resources that will help improve their situation, such as parenting classes, counseling, budget management, housing, employment, and health care. These workers are expected to visit their clients several times per month; the frequency of contacts is determined by local social-services agencies (ARCH, 1994, pp. 3-5).

To conduct a successful cost-benefit analysis of the family preservation program, one must look at how much money is being spent to administer and implement the program while using a reliable means to measure the quality and effectiveness of services being delivered to clients. Currently, the federal funding for this state-run program is derived from the PSSF program, Title IV-B, Subpart 2 of the Social Security Act. In fiscal year 2010, \$340,925,576 was

spent on family preservation and family-support services in the United States (Casey Family Programs, 2011, pp. 12–13).

The level of funding for these programs has increased significantly since 1994. In FY 1994, \$60 million was spent on these programs and, in 1998, this amount jumped to \$255 million (ARCH, 1994, p. 8). Although this amount represents a significant increase within a 4-year period, it is still almost \$86 million less than what was appropriated 12 years later. Despite the influx of dollars, some skeptics question the family preservation program's ability to help families receiving these services. Pecora, Fraser, Nelson, McCroskey, and Meezan (1995) stated that "within the broad framework of family-based services, there is wide variation across the nation in the kind of interventions, duration of services, size of caseloads, and components of service that characterize family-centered programs" (p. xvii). Essentially, no national standards and procedures for implementing program requirements exist. The absence of universal standards makes it difficult to accurately account for any success experienced by families receiving services from this program.

In 2002, for example, a study conducted by the DHHS considered the effectiveness of family preservation programs in Kentucky, New Jersey, and Tennessee between 1992 and 1998. Results indicated little evidence showing that family preservation programs "have more than minimal benefits in improving family or child functioning" (U.S. Department of Health and Human Services, 2002, Section 9.4). The studies concluded that the varying degrees of length and intensity of services among the three states served as inhibitors for the delivery of comprehensive and suitable services. Detailed descriptions of when the CPS program originated, how it developed over time, the policies and procedures that guided the administration and

implementation of its services, and its role in preventing and addressing acts of abuse and neglect committed against children are described in the next several paragraphs.

President Theodore Roosevelt recognized there was a dire need to combat child exploitation during his presidency and, as a result, he created the Children's Bureau. It was not until 1935, however, that child-welfare legislation was developed and funded by the federal government. By the 1970s and 1980s, "the child welfare system in the United States was transformed into CPS through the enactment of mandatory child abuse reporting laws" (Lindsey, 1994a, p. 42). In 2004, 877,120 cases of child maltreatment were reported in the United States (U.S. Department of Health and Human Services, 2004a). This number rose to 900,642 in 2005 (U.S. Department of Health and Human Services, 2005). Although there had been an increase during this year, data showed that the total number of abuse and neglect cases against children decreased to 758,289 in 2008 (U.S. Department of Health and Human Services, 2008). The figures included data gathered from all 50 states, Washington D.C., and Puerto Rico.

Despite the decrease in crimes against children during this 4-year period, history has shown that these numbers tend to fluctuate from year to year. Some critics of CPS are quick to point out that such large numbers of children who are victims of abuse and neglect clearly indicate that CPS is not doing a good job in protecting children. Advocates of the roles CPS plays will simply point to the statistics as proof that the system is working effectively.

However, the underlying problem is that maltreatment continues to occur and poses a direct threat to children's health, safety, and well-being in the U.S. New Jersey, Maryland, and Virginia all shared high numbers of children who were abused and neglected. Although no data were provided for Maryland in 2006, 16,688 children were maltreated in 2003 (U.S. Department



of Health and Human Services, 2003a). Both New Jersey and Virginia sustained a significant increase in child abuse and neglect victims during this 4-year period. New Jersey rose from 8,123 in 2003 to 11,680 in 2006; Virginia's numbers were not quite as high but did increase from 6,485 in 2003 to 6,828 in 2006 (U.S. Department of Health and Human Services, 2003a, 2006). These statistical data helped to identify and quantify the extent to which at-risk youth living in the United States are being abused and neglected.

To keep children safe from any maltreatment while helping them to thrive developmentally, state governments have implemented CPS. The policies and procedures governing the administration and implementation of these services are outlined by state laws that were originally developed through federal legislation. Although the level of detail regarding the implementation of such programs varied among the states, most of them addressed critical functions that included "maintaining a hotline, receiving reports, completing an investigation of the allegations, and conducting safety or risk assessments" as part of this investigative process (U.S. Department of Health and Human Services, 2003a).

In a nutshell, most states follow a similar procedure that consists of several steps. First, a screening procedure filters telephone calls alleging abuse or neglect. The screener determines whether sufficient evidence or cause warrants future evaluation or assessment. If it is determined that there is a need to pursue a call, then an intake investigative worker will investigate the allegations. The intake investigative worker evaluates the allegations based on the merits and evidence collected during the investigation. If the investigator rules that maltreatment is indicated (meaning that there is credible evidence that maltreatment against a child did occur) or unsubstantiated (maltreatment may have occurred but there is no concrete physical evidence),

then the family is referred to other agency programs, like CPS continuing or family preservation, for example. A referral for such services may be voluntary or court mandated under a court order known as an order of protective supervision in some states.

Much has been written about the recurrence of maltreatment among children. Studies have shown a wide variety of reasons why this may or may not occur. One problem is that studies have used different definitions of recurrence when gathering their data. The most common definition of recurrence, however, is one where “there has been a substantiated report following a prior substantiation that involves the same child victim or family” (National Resource Center on Child Maltreatment, 2002, pp. 3-4). The ways in which recurrence is counted also varied from one state to another. Some may use a short period, such as 24 to 48 hours to establish recurrence of maltreatment of a child, while others allow for a week or more before making such a determination and categorization. Nevertheless, the recurrence of maltreatment is still a major problem in the U.S. A study conducted by Fluke, Shusterman, Hollinshead, and Yuan (2005) found that 189,557 children were revictimized and a vast majority of them were between the ages of 2 and 7 (p. 16). Another family support services program known as school-linked services is built around the collaborative efforts among local social-services agencies and schools in an effort to address child abuse and neglect issues.

As described earlier in the chapter, the FPSS Act amended Title IV-B of the Social Security Act by adding subpart 2 and encouraged states to use these funds to develop family-focused services designed to help at-risk youth and their families. School-linked services fall under the umbrella of family-support services and provide assistance that includes “information and referral services that give families access to other community services, including child care,

health care, nutrition programs, adult education and literacy programs, and counseling and mentoring services” (ARCH, 1994, p. 5). The strengths-based approach behind school-linked services focuses on helping at-risk families connect not only with their children’s schools but also with the community as a whole. The ideology stems from “a holistic, ecological view that recognizes that children need a full range of services to be ready to learn and be successful in school, and that parents need assistance to support their child’s education, health, growth, and development” (DHHS, n.d.-a, para. 1).

Creating partnerships is an essential ingredient in practice for the successful implementation of school-linked services. Schools serve as a central location where “many partners are brought together to offer a range of supports and opportunities to children, youth, families, and communities-before, during, and after school, and throughout the summer” (Family Strengthening Policy Center, 2004, p. 2). The basic premise is that schools and families will become stronger as a result of this partnership, and both will contribute to the overall success of their community as a whole. An important component of this relationship is to make sure those families who live in low-income communities are educated on how to access these services in a constructive and timely manner. An ever-increasing rise in the Hispanic population, for example, creates potential cultural and language barriers to participating in these services.

School-linked services programs throughout the country have helped to tackle growing societal problems that include dropping out of school, violence, and teen pregnancy. They have also proven useful in improving achievement test scores, remedying behavioral issues in school, and addressing learning disabilities. As the literature showed, children who were exposed to

abuse and neglect exhibited developmental deficiencies that eventually had a negative impact on many areas of their lives.

One example of a school-linked service program is the Intensive Early Intervention Preschool (EIP) program for preschool children and their families created at the Mt. Hope Family Center in upstate New York, designed to mitigate “the level of risk associated with developmental disturbances and psychopathology” among these children (Manly, 2004, p. 11). The level of intervention the program provides is very beneficial because it works with children who are at the early stages of their academic journey. This prevents problems from getting out of hand and significantly increases the likelihood that children and families will experience positive outcomes. The results of a 10-month study found that the EIP helped to improve “parenting skills and increased social support for caregivers while strengthening children’s adaptation skills” (U.S. Department of Health and Human Services, 2004b, p. 13).

The school-linked services model is becoming increasingly popular and widely used in the United States. Programs like Communities in Schools, headquartered in Alexandria, Virginia; Beacons in New York City; Families in Schools Together in Milwaukee, Wisconsin; and Bridges to Success in Indianapolis, Indiana are just a few. The Paquin School in Baltimore, Maryland has collaborated with the City of Baltimore Department of Social Services and the Baltimore Urban League to provide “comprehensive educational, health, and supportive services” to 400 to 500 teenage male fathers every year (Institute for Educational Leadership, 1997, p. 17). Silver Springs High School in Grass Valley, California has successfully collaborated with 40 community agencies to help provide a quality education to more than 150 pregnant and parenting teens who attended school there (Institute for Educational Leadership, 1997, p. 17). Although

these social-services programs were created with the best intentions in an attempt to improve the quality of life for a segment of a state's population, the implementation of such programs was not always effective in ensuring that such services successfully reached their intended recipients. The next section of the chapter will identify and highlight the variations in the policies and procedures that existed regarding the implementation of child-welfare programs among New Jersey, Maryland, and Virginia.

The purpose of this section was to describe and provide a list of social-services programs that remain instrumental in addressing abuse and neglect among children. They are designed to proactively implement preventive measures that will help address, reduce, and eliminate such harmful acts committed against children. These child-welfare programs were created as a direct response to the growing violence against children over the years and legislative measures described earlier in Section 1 that were enacted over the past 75 years. The scope and focus of these programs has increased during this period to accommodate the growing demand for these services. As described later in Chapter 5, the costs associated with administering and implementing these child-welfare programs have also increased.

## **Section 5. Policies and Procedures**

The implementation of child-welfare programs at local social-services agencies varied from state to state. The criteria established by each state to define timeliness of investigations (Item 1 of Appendix B) and repeat maltreatment (Item 2 of Appendix B) represented examples of such differences. In Maryland, the statute governing completion of abuse and neglect reports (Md. Code Ann. § 5-706) by the investigative unit at local social-services agencies was

anywhere between 10 and 30 days. In New Jersey, a CPS investigator from the Division of Youth and Family Services had up to 60 days to complete an investigation as outlined in N.J. Admin. Code § 10:129-5.3(a). Virginia Code § 63.2-1505 stated that such investigations had to be completed within 45 to 60 days. The terms “re-report” and “recurrence” were often used to define repeat maltreatment by local social-services agencies, but their meanings were quite different. In view of such differences, it could become quite difficult to apply a universal template to accurately measure these two items during the CFSRs.

Blumberg (1987) described human services agencies like the department of social services as having an organizational culture that was comprised of a “continually evolving set of practices, meanings, and adaptations” that were controlled by external authority and funding resources (p. 159). The organizational structure of human service agencies shared some similarities and differences. The Virginia Department of Social Services (VDSS) had a larger and more comprehensive organizational structure than that of New Jersey and Maryland. It was part of the Virginia Social Services System (VSSS), which was a “partnership of three key organizations responsible for the administration, supervision, and delivery of social services in Virginia” (Virginia Department of Social Services, n.d., p. 8). The Virginia League of Social Services Executives (VLSSE) represented the 120 local VDSS offices throughout the state, which were significantly more numerous than the 21 social-services agency offices in New Jersey and 24 offices in Maryland. The Virginia Community Action Partnership (VACAP) represented the community action programs across the state. Lastly, the VDSS represented the third component of the three-tier integrated system. The organizational components that provide

structure for the department of social services in New Jersey, Maryland, and Virginia differed as well.

New Jersey had a research and evaluation department that was higher up in the hierarchy and reported directly to the commissioner (see Appendix C). A special assistant was located in the research and evaluation department and reported all pertinent data directly to the commissioner. In Maryland, a planning and performance department reported directly to the chief of staff who, in turn, communicated with the secretary (see Appendix E). The VDSS had a research and planning division that fell under the direct authority of the department of social services (see Appendix F). Such characteristics demonstrated that the department of social services in each state was organized differently and prioritized its work in accordance with the needs of the population it served. As a result, the child-welfare legislation proposed by each state varied as well.

In 2010, New Jersey passed AB 2137, Chapter 69, which allowed children who moved from one foster home to another to remain at the school they were currently enrolled in if it was in their best interest to do so. Maryland redefined the criteria for making a disposition on a child in need of assistance by enacting Maryland Code § 3-819 in 2009, which did not automatically guarantee the placement of a child out of the home just because the child's parents had an existing disability. In 2007, Virginia passed SB 1332, Chapter 840, which allowed at-risk youth to receive mental-health services funded by the state to prevent foster-care placement. The diversity in the legislation passed by the states represented their unique approach in addressing the needs of at-risk youth and their families at a point in time. New Jersey sought to address the educational needs of at-risk youth (Item 21 of CFSR), Maryland chose to reassess and change the

criteria used to define risk or harm to a child who remained with his/her biological parents (Item 4 of CFSR), and Virginia focused on improving the mental health of at-risk youth (Item 23 of CFSR) while attempting to prevent an out-of-home placement. The individual identity, organization, and operation that defined the three states could present challenges for a universal template like the instrument used for the CFSRs described in Section 2 of the chapter to evaluate their ability in administering and implementing child-welfare programs.

This section was dedicated to showing several different child-welfare policies and procedures that existed among New Jersey, Maryland, and Virginia. It provided an important angle from which to examine how local social-services agencies within these three states responded to the needs of those at-risk youth and their families living in their communities. The theories that have dominated discussions among scholars, government officials, and program administrators about public policy will be described in the next section of this chapter. They will shed some light on the reasons why some public-policy issues are prioritized over others, factors that influence the outcomes derived from this process, and resources needed to support and sustain a policy item or a program that implements it.

## **Section 6. Public Policy Theory and Practice**

As Sabatier (1999) described, the policy process involves a complex set of interacting elements over time. “There are hundreds of actors from interest groups and governmental agencies, and legislatures at different levels of government, researchers, and journalists involved in one or more aspects of the process” (p. 3). According to Sabatier (1999), policy development is a lengthy process and may take up to 10 years. A third ingredient that Sabatier (1999) uses to



define the complex nature of the policy process alludes to the fact that numerous programs are proposed at the municipal, county, and state government level daily throughout the country. The policies that create and eventually define such programs require extensive debates during administrative hearings, litigation, and legislative sessions about the legitimacy of a policy, the benefits associated with applying such a policy for administering a program, and alternative solutions that could prove more effective than the original proposal. A fifth and final factor associated with Sabatier's (1999) interpretation of the policy process is that most disputes about a policy "involve deeply held values and interests, large amounts of money, and (at some point) authoritative coercion" (p. 4). As demonstrated in subsequent paragraphs, Sabatier's (1999) characteristics may have been modeled after theories and analyses introduced and developed by his colleagues and predecessors.

In 1970, for example, Harold Lasswell was credited with introducing the concept of policy sciences that created what would later be known as two separate and distinct disciplines that focused on policy analysis and public management. Twenty years later, another public-policy theorist, Garry Brewer (1974), would develop Lasswell's basic model of policy analysis to create six phases that defined the necessary steps for successfully navigating through the policy process. These six phases were as follows: initiation, estimation, selection, implementation, evaluation, and termination. The first three referred to the introduction of a policy, the estimated costs associated with implementing a policy or a program, and the key players and programs that will benefit from its implementation. The fourth phase is self-explanatory and simply refers to the implementation of a policy or program. Brewer (1974) also emphasized the need to evaluate a policy once it was instituted for administering and

implementing a program. Such a measure would help ensure that a program is functioning the way it was intended to and delivering necessary services to its intended recipients. A failure to do so would require a program to be terminated. Kingdon's (1996) theory that claimed the success of a policy depended upon what he referred to as three basic variables called "streams."

The basic premise of Kingdon's (1996) public-policy theory is that "some agenda items are prominent while others are neglected" based upon three streams identified as problems, policies, and politics (Sabatier, 1999, p. 76). Kingdon (1996) stated that providing a thorough estimation and description of any potential problems associated with the implementation of a policy should be identified in the beginning and any solutions to address them volunteered at that time.

The second stream flowing through the policy process was the policy itself. Kingdon (1996) emphasized the importance of making sure that all of the items addressed within a policy are supported by expert advice and evidence drawn from stakeholders such as members of Congress, policy analysts working for government or the private sector, members of the academic community, and so forth. The third and final variable that Kingdon (1996) illustrated was the politics surrounding a policy. Public opinion, for example, could influence how politicians voted for a particular policy. In the end, Kingdon (1996) emphasized the importance these three entities have in ensuring an item or agenda successfully navigates through the policy process on its way to becoming legitimately accepted and endorsed by stakeholders at the local, state, and federal level. Rod Rhodes (1990) was considered a very influential theorist as well in the public-policy arena.

Rhodes (1990) recognized that limited resources inherently create a competitive environment among a wide variety of interest groups striving to obtain the same goods and services already being pursued by another group. As a result, individuals and organizations are forced to collaborate and network with each other to reap the benefits of shared common goals and agendas. This interdependence during the policy process is integrated into what Rhodes (1990) described as five possible networks. These include the policy community, professional network, intergovernmental network, producer network, and issue network. Each represents specific sectors of the public-policy arena that invite and unite groups who share a common interest in working together to successfully promote, legitimize, and achieve specific objectives.

The policy community consists of “highly restricted membership, vertical interdependence, and limited horizontal articulation” (Hudson & Lowe, 2009, p. 155). The characteristics that define the professional network are identical to those found in the policy community, except for the fact that they serve the interests of a different group. The intergovernmental network is unique when compared to the other four because it exercises extensive horizontal articulation among members of this group. The distinction between the producer and issue networks is relatively small in terms of the roles and characteristics that define them as a separate entity within the policy process, but the priorities they place on their group interests differ.

Healthy and thought-provoking discussions pave the way for an exchange of ideas that inherently increases the knowledge about a topic or subject. Section 6 of the chapter was instrumental in introducing ideas, opinions, and solutions related to the practice of public policy as an integral and necessary process for advancing any public-policy issues that have a direct or

indirect impact on our daily lives. The literature reviewed for this section traced the roots of public policy as a legitimate discipline back to 1970 and Harold Lasswell, who created what would later become known as policy analysis and public management. Six public-policy theorists representing a period of approximately 41 years and their contributions to the public-policy arena were described in this section. Section 7 will focus on how policy implementation is exercised by public and private agencies as well as all levels of government to advance and protect their interests.

## **Section 7. Policy Implementation**

The previous section demonstrated how theories and practices surrounding public policy have evolved, developed, and strengthened over time and thereby produced a greater and broader body of knowledge in existing literature. In 1989, for example, Sabatier teamed up with Mazmanian to show how actors representing different interest groups mobilized their “political, economic, and social forces” to help shape policies that could be used to implement specific program goals and objectives (p. 4). Mazmanian and Sabatier (1989) noted that the extent to which a program can successfully implement its prescribed goals and objectives could be measured by asking two basic questions. The first question examined whether the policy objectives of a program were supported by the policies and decisions made by an agency that runs the program. The second question asks, “What effects, in turn, do program outcomes have on subsequent legislative decisions” (p. 5). These two questions will guide the discussion about implementation that essentially draws from theories (already reviewed in the previous section of this chapter) and their significant contributions to the public-policy process.

As Mazmanian and Sabatier (1989) described, implementation is the “carrying out of a basic policy decision, usually incorporated into a statute but which can also take the form of important executive orders or court decisions” (p. 20). Government agencies charged with implementing specific policies supported by existing statutes and included in a program have to ensure that they are delivering services that abide by a prescribed set of rules and regulations. As described in the previous section, agencies’ ability to do so is influenced by external interest groups who are interested and, in some cases, dependent upon the policy outputs derived from the administration and implementation of a program’s goals and objectives. Jeffrey Pressman and Aaron Wildavsky (1973) are considered the pioneers of implementation studies. They believed that successful implementation “depended upon linkages between different organizations and departments at the local level” (Hill & Hupe, 2002, p. 44). Van Meter and Van Horn (1975) supported Pressman and Wildavsky’s (1973) research on policy implementation but added their own beliefs and interpretations on the subject.

Van Meter and Van Horn (1975) recognized the need for interdependence among individuals and organizations during the implementation process but claimed six variables interfered with their ability to do so successfully. The first maintained that the policy standards and objectives that guided a goal or policy decision needed to be clear and include ways for measuring the performance level of an agency. The second emphasized the importance of making sure that adequate resources and a system that rewarded positive behavior and achievement existed among agencies participating in the implementation process. The third and fourth variables shed some light on the need for organizations to create a balance and shared

responsibility when developing and enforcing policy initiatives that dictate how program goals and objectives should be implemented.

The political, social, and economic climate represents another variable that can influence the direction and effectiveness of the implementation process. The sixth and final variable developed by Van Meter and Van Horn (1975) focused on how “the disposition or response of the implementers, their understanding of the policy being implemented, the direction of their responses to it, and the intensity of that response” contributed to how well they performed as a group during this process (Hill & Hupe, 2002, p. 44). Like Pressman and Wildavsky (1973), Van Meter and Van Horn (1975) subscribed to the top-down school of thought tied to implementation theory that became popular in the 1960s and 1970s. It supported the idea that “policy was decided by politicians and implemented by public administrators” (Hudson & Lowe, 2009, p. 246). Bardach (1977) and Mazmanian and Sabatier (1989) made significant contributions to the top-down approach for assessing the implementation process.

Bardach (1977) emphasized the need for politicians to devote a lot of time and energy when creating and developing policy initiatives. It is at this point that politicians must ensure all of the needs and details that address them are incorporated into the final version of a comprehensive policy whose goals, objectives, and conditions are agreeable to all parties involved in the process. Bardach (1977) also recognized the important role public administrators have in ensuring the successful implementation of a policy. He refers to these public administrators as street-level workers. He describes their ability to forge relationships with other interested parties that support a policy as a key and necessary ingredient for solving any problems that may arise during this process.

Mazmanian and Sabatier (1989) view implementation as a process consisting of several stages. It begins with “passage of the basic statute, followed by the policy decisions of the implementing agencies, the compliance of target groups with those decisions, the impacts of those outputs, the perceived impact of agency decisions, and any revisions made in the basic statute” (p. 21). They focus on three variables that can interfere with how legal measures are incorporated and used to facilitate this process.

The first deals with the tractability of the problem and simply means that the goals and objectives of some government programs are easier to achieve and implement than others. For instance, the availability of financial and technological resources represents a critical element needed to support and advance those principles and decisions outlined in a policy endorsed by a group of individuals and organizations. A lack of such resources can have a profound negative impact on the administration and implementation of a program. The third variable is characterized by the amount of public support for a policy, the level of commitment and support from decision makers and key administrators who are tasked with implementing program policies and procedures, and the unintended and uncontrollable effects that the economy can have on the implementation process. The literature also revealed several public-policy theorists who supported a bottom-up approach for studying the implementation process.

As reviewed in the previous paragraphs, the top-down approach did not embrace and emphasize the importance that individuals within an organization had in influencing the implementation process. The bottom-up approach for studying implementation theory and practice, on the other hand, acknowledged and valued the contributions and influential powers individuals and groups have in creating, shaping, and modifying policy. Hudson and Lowe

(2009) went on to say that “human agency in reality determines a great deal about how a policy is implemented, how effective it is, and whether it achieves what the designers of the policy intended” (p. 249). The next three paragraphs will examine those scholars reviewed in the literature that contributed to the bottom-up school of thought.

As Hudson and Lowe (2009) described, the work produced by Lipsky in 1971 and 1980 was designed to challenge the feasibility and credibility of those individuals who supported and advanced the top-down approach for studying implementation. He recognized the importance that front-line workers whom he describes as “street-level professionals” have in implementing the policies and procedures of a program (Hudson & Lowe, 2009, p. 250). The argument is that they can successfully navigate through the challenges within a bureaucracy by relying on the cumulative knowledge they possess as a result of the services they have provided for an organization over time. Elmore’s work in 1978 and 1979 also represented a significant contribution to the bottom-up philosophy surrounding implementation.

As Hudson and Lowe (2009) noted, Elmore (1979) also strongly supported the idea that there should be a “devolution of authority within an organization” that allows front-line workers to use their personal knowledge and discretion when exercising their work responsibilities for the organization (p. 251). He recognized that such authority had limits and had to be in compliance with the goals and objectives embedded within the mission of an organization. Elmore (1979) also recognized that the top management running an organization had to infuse feelings of trust, confidence, and flexibility among its employees so that they could act confidently when performing their tasks. Elmore (1979) upheld the belief that there is no “top and bottom within an organization, just a synthesis among all members of an organization to maximize the



effectiveness of services being delivered” (Hudson & Lowe, 2009, p. 252). Weatherley and Lipsky (1977) also supported the bottom-up theory of implementation.

Scholar Richard Weatherley worked closely with Lipsky in 1977 to produce a body of research that supported the bottom-up perspective. Both researched those challenges associated with integrating physically disabled children into a school district. Although laws mandated such a transition and integration of this population of students within school districts all over the country, “the lack of resources and significant increase in administrative load” created roadblocks during this process (Hudson & Lowe, 2009, p. 250). Their point was that many front-line workers (not management) exercised their own talents to facilitate the process and thus eliminate the stigma associated with this segment of the student population.

In 1972, Terence Johnson also supported the bottom-up approach and magnified the importance employees have within an organization because they are more receptive to the needs of the people they serve. He is considered one of the earliest supporters of the bottom-up philosophy and conducted an evaluation study of various employment offices throughout California to demonstrate how ineffective changes created and implemented by bureaucrats administering these offices were in providing quality employment services to their clients. An important discovery that Johnson (1972) made during this process was that “policy is all about what happens at the moment of delivery and it is in effect this point in the policy cycle that defines policy” (Hudson & Lowe, 2009, p. 249). Although those who advocated for the top-down or bottom-up approaches for studying implementation and the policy process as a whole had different opinions on these subjects, they sparked an interest and contributed to the overall knowledge within the public-policy community.

The narrative explanations about policy implementation described in this section was a natural progression from the previous one because it represented a specific aspect of public policy. Both the scholars who supported the top-down and bottom-up theoretical approaches to the study of implementation were examined and represented a body of literature that began with Michael Lipsky in 1971 and spanned a period of approximately 38 years. The information discovered was useful in drawing up a distinction between the different theories that governed policy implementation and those confounding variables such as politics, the availability of resources, opportunities, organizational culture, extenuating circumstances, and interest groups that could potentially interfere with this process. The next section will examine how the content-analysis methodology used in this study originated and evolved during the past 100 years.

## **Section 8. Content Analysis**

The methodological approach known as content analysis was first used by “scholars working in the fields of communication, sociology, and journalism” back in 1902 (Franzosi, 2008, Vol. 4, p. 123). As Franzosi (2008) described, it became more widely used as a research tool in thousands of studies over time that examined messages “ranging from television beer commercials to news items on the greenhouse effect, to published Democratic and Republican party platforms” (p. 123). Over the past several decades, many scholars created and used various definitions to describe this methodological approach. The following paragraphs will review some of the definitions, provide detailed information about some of the scholars who have used this methodology, and explain how they used it during the studies they conducted. Most of the

information contained in this section associated with content analysis was derived from four large volumes written by Roberto Franzosi (2008).

The literature divided content analysis into two categories known as qualitative and quantitative content analysis. As Franzosi (2008) described, David Altheide (1987) had established several criteria that could be used to distinguish between the two. According to him, quantitative content analysis (QCA) consisted of nine characteristics. The first two characteristics identified the need for using it as a research tool to verify the data being collected while assessing its reliability. A third characteristic associated with QCA is that “it takes a serial approach in representing the progression from data collection, analysis, and interpretation of data” (Franzosi, 2008, Vol. 1, pp. 210–212). Two other characteristics found in QCA included the fact that all of the analyses and interpretation of the data in a study were conducted by the researcher. Moreover, the sample that he or she used to collect these data was either random or stratified. The remaining four characteristics placed a strong emphasis on the fact that the data are often depicted in tables containing pre-structured categories that lean heavily on the use of numbers such as statistics. Qualitative content analysis consisted of several different variables that were not found in QCA.

Qualitative content analysis centers on an organizational structure similar to that of QCA. Both rely heavily on “theoretical foundations that help to develop the rationale and hypothesis” rooted in the research questions that guide a study (Franzosi, 2008, Vol. 3, pp. 425–433). Like QCA, qualitative content analysis also contains a methods section that focuses on how a unit of analysis is used and results that specify what information was discovered using such a method. Both types of content analysis allow for a discussion of what was learned from the results based

on the questions that guided the research. In both cases, the limitations, implications, and future research are usually included in the discussion of the results. Unlike QCA, however, qualitative content analysis is more concerned with “the mere presence or absence of a given content characteristic” (Franzosi, 2008, Vol. 1, p. 224). It does not place a strong emphasis on the need to analyze statistical data, for example, to quantify the extent to which a variable is affected by another variable. Instead, it deliberately focuses on what may or may not be deduced from the information that was revealed in the form of narrative data during the content analysis. Both types of content analysis have been used in the pursuit of additional information and knowledge for well over one hundred years.

As described earlier in the opening paragraph of this section, the earliest definition of content analysis was used in 1902 in relation to its contributions in the fields of journalism, communication, and sociology. Many scholars have created their own definitions for the application of content analysis since that period to accommodate and support their academic pursuits. Some of these scholars embraced the quantitative approach to content analysis, while others adopted a qualitative methodology during their research. For example, Holsti (1969) provided his own perspective on how content analysis could be effectively used in the social sciences and humanities.

Holsti (1969) had defined content analysis as an “objective, systematic, and general description of the manifest content of a text” (p. 34). He emphasized the need to provide an objective account of what has been written in a text. This simply meant that a researcher needed to adhere to certain rules and regulations governing the preservation of words and their meanings within a text while providing a neutral interpretation of both when presenting the results. Karl

Rosengren (1981) supported the meaning and approach Holsti (1969) had advanced 12 years earlier when conducting a content analysis of a text. However, Rosengren (1981) went on to emphasize the importance of applying quantitative measures during the content analysis of texts. He firmly believed that “a quantitative analysis of extensive texts within the framework of a communication model” was the only way to ensure that every linguistic meaning within a text could be accurately depicted and defined (pp. 26-27). The intent of this comparative analysis among texts was to gain a better understanding of some underlying themes that connected words and their meanings and to be used as a point of reference when reviewing the content of the text being analyzed. Scholars like Weber (1985) supported a similar approach when conducting a content analysis of texts but added a new dimension to how he would collect and quantify such measures.

Weber (1985) focused on editorials found in American and British newspapers and “applied factor analysis to category counts as a way of identifying themes in texts” (p. 58). He would identify themes within a text by using a computer program known as the General Inquirer. Essentially, the software facilitated this type of content analysis by being able to identify and distinguish between different types of sentence structures, separate words from punctuation marks, and recognize “some of the syntactic and semantic characteristics of preceding and following words” (p. 59). Like Holsti (1969), Rosengren (1981), and Weber (1985), Krippendorff (1980) had similar views related to content analyses of texts but took a more comprehensive look at how to use this methodological approach. As described in the next paragraph, he placed texts into five different categories that represented specific units designed to measure how words were used in a text and the meanings they conveyed.

The ways or, as Krippendorff (1980) described, the units by which content analyses of texts should be conducted included the physical, syntactical, referential, thematic, and propositional components of this methodological approach. The books that contained such texts were referred to as physical units. In addition, the syntactical units represented the way in which grammar was used as a mode of communication within the text. The objects, persons, and events portrayed by the descriptive meanings generated by words that brought them to life in the text were known as referential units. Krippendorff (1980) described thematic units “as any type of correspondence that occurs about a definition of the content of narratives, explanations, or interpretations” within a text (pp. 62–63). Lastly, propositional units are entertained and used when attempting to simplify what is written in a text. For example, this could include breaking down a complex sentence into several parts so that it could be easily understood.

Although Krippendorff’s (1980) methods for conducting content analyses of texts differed from those of others such as Holsti (1969), Rosengren (1981), and Weber (1985), they were equally important in contributing significantly to the body of knowledge that existed for content analysis. They also helped to increase its exposure, usefulness, and credibility within the research community. The final section of the chapter will focus on the different types of performance measurement that exist and how they have been used over the past 100 years.

This section on content analysis was useful in describing various definitions for this methodological approach. Franzosi (2008) for example, made significant contributions to the study of content analysis and published four volumes on this topic. He and some of his colleagues such as Rosengren (1981) and Altheide (1987) had divided this methodological approach into two separate and distinct schools of thought. They supported the idea that,

although both were different in terms of how they focused, approached, and interpreted the results of a subject, they did share some similar characteristics. The way in which content analysis has been used and developed throughout the years is proof that researchers acknowledge its usefulness and legitimacy when applying its principles to find reasonable and practical explanations and solutions for a question or phenomena. In the end, the literature helped to validate the fact that this methodological approach could be useful when examining and analyzing the CFSRs in this study.

## **Section 9. Performance Measurement**

The practice of performance measurement can be traced back to as early as 1906. As Wholey and Hatry (1992) described, New York City adopted and implemented a tool whose main objective was to evaluate how well its municipal government performed its duties. Essentially, it could accurately assess how effective their government was in implementing its goals and objectives that were designed to serve its constituents. Some of the activities associated with this performance measurement included “collecting accounting data, work records, outputs, outcomes, and social indicators which were then used for reporting, budget allocations, and efficiency improvement” (Julnes & Holzer, 2008, pp. 3-4). The next several paragraphs in this section will review and elaborate on some of the concepts advanced by Julnes and Holzer (2008) and other researchers who have dedicated a lot of their time and energy in collecting and applying the knowledge they sought and discovered about performance measurement.

Like Julnes and Holzer (2008), Wholey and Hatry (1992) illustrated the important role performance measurement had in identifying the strengths and weaknesses that existed within a government bureaucracy while supporting a unified effort to effectively use resources they have to deliver quality public services. For example, they said that “government needs timely and high-quality information on what programs are accomplishing to avoid being wasteful, ineffective, and unresponsive” (p. 605). They also pointed out that this type of assessment should be an ongoing process and become a permanent fixture within its organizational culture. Julnes and Holzer (2008) supported the theoretical and practical aspects of what their predecessors Wholey and Hatry (1992) said about the subject of performance measurement but provided a more comprehensive analysis of all of its components and applications. The next four paragraphs will review what Julnes and Holzer (2008) learned about performance measurement from other scholars up to that point and how they used this cumulative knowledge to validate and advance their own observations, perceptions, attitudes, and conclusions about it.

Julnes and Holzer (2008) recognized that a preliminary assessment of an organization’s history, hierarchy, culture, policies, and practices needed to occur before an instrument that was designed to measure the performance level of a government agency, for example, could be used. According to Julnes and Holzer (2008), a government agency should consider three basic variables during this assessment. The first would include the need to determine how much it would cost to collect all pertinent and necessary data. Second, the stakeholders who would be gathering, organizing, analyzing, interpreting, and benefiting from the data collected during the performance evaluation would have to be identified at the beginning of this process. Moreover, they would have to clearly define and explain how and for what purpose they would use these



data. The third and final variable exercised during this preliminary assessment pertained to the intent, scope, and parameters of the instrument used to measure an organization's performance.

As described in the opening paragraph of this section, the New York City municipal government is credited with adopting and implementing the first performance-measurement instrument to evaluate how effective its city government as a whole was in fulfilling the service obligations to its citizens. Although it took the federal government almost 80 years to begin evaluating how effective it was in administering and implementing its own programs, it would take the lead and set the standard for other organizations using performance-measurement tools over the next 2 decades. As Julnes and Holzer (2008) stated, the Governmental Accounting Standards Board (GASB) was instrumental in shaping how performance measures were conducted among all federal government programs since its creation in 1984 as a nonprofit agency.

In 1990, Congress passed a legislation known as the Chief Financial Officers Act that required all federal agencies to adopt and implement performance measures for its programs. One year later, the National Academy of Public Administration provided guidelines to public agencies at all levels of government that could assist them "in the monitoring and reporting on the quality and outcomes of their programs" (Julnes & Holzer, 2008, p. 15). This would inform and educate citizens who received services from a specific program about how well a government agency was administering and implementing such benefits and services while holding its elected officials accountable when the benefits and services were not delivered in an effective and timely manner. The United Way of America was established in 1955 and is considered "one of the first nonprofit organizations to lead the way in the measurement of

program outcomes for the health and human services agencies” (Julnes & Holzer, 2008, p. 7). As described in the next paragraph, the effectiveness of all government programs is now closely scrutinized by federal agencies that strive to deliver high-quality services to its clients.

As Julnes and Holzer (2008) described, most government agencies at the federal level monitor how well their programs are delivering services to their intended recipients. For example, the DHHS implements quality control measures to monitor its food stamp, cash assistance, and child support enforcement programs. The DOL measures how well its training and employment programs are implemented. The crime and victimization rates in this country are important to federal stakeholders at the Department of Justice, who track the progress of law enforcement preventive programs in these two areas. The Health Care Financing Administration constantly measures how well health-care services are being delivered to Medicare patients.

A vast majority of local and state governments have also begun developing and implementing effective and practical “performance monitoring systems in such program areas as economic development, elementary and secondary education, higher education, hospital care, mass transportation, police and fire services, public assistance, public health, road maintenance, and solid waste collection” (Julnes & Holzer, 2008, p. 13). Other scholars such as Kravchuk and Schack (1996), Wholey (1999), and Barnett and Atteberry (2007) also made critical and significant contributions to the study of performance measurement.

Much of what Kravchuk and Schack (1996) wrote about centered on the developments made in performance measurement as a result of the Government Performance and Results Act of 1993. The key ingredients of this law were borrowed from earlier legislative measures such as the Chief Financial Officers Act of 1990, mentioned earlier in this section, which created and

encouraged an environment within an organization that embraced and supported a system for evaluating performance. Although Kravchuk and Schack (1996) acknowledged that organizations could benefit from establishing and implementing performance measures, they cautioned that there could be some preexisting conditions or obstacles standing in the way of progress. They identified 10 variables that could potentially interfere with the development and implementation of performance measures within an organization and provided recommendations to prevent this from happening.

Kravchuk and Schack (1996) stated that to successfully implement a performance-measurement program within an organization, there must be a clear understanding of its mission, goals, and objectives. Every organization is different and, for that reason, it is important to focus on those philosophical principles that drive the organization and preserve its identity.

The progress within an organization can be defined by how well it carries out its mission, goals, and objectives when providing services to its customers, clients, and the public. Their second point is that an instrument designed to collect and measure data must adhere to a specific strategy outlining how data will be collected, which data will be used, and for what purpose. Those who possess the power to make decisions for an organization should be included in the process of creating an instrument that can effectively measure its ability to produce and deliver goods and services to its customer/clients. This third characteristic ties into their next point that emphasizes how important such insight during the development of an instrument is because it will enhance the ability to identify any structural deficiencies of a program or even the organization itself. The next three characteristics of performance measurement highlight and illustrate the need to develop multiple ways of quantifying what is being measured, avoid

collecting too much information, and scheduling periodic reviews of the performance management system within an organization. This will help ensure that it is functioning like it was originally intended.

Kravchuk and Schack (1996) placed the needs of customers or clients at the forefront during the development and implementation stages of the performance management process. They also realized that those who conduct these performance reviews need to have clear and concise knowledge of what they are looking for, what to do with it when they find it, and how to incorporate it in the overall assessment of an organization's performance. During this entire process, they must also be able to distinguish between the different activities performed within an organization, prioritize them in order of importance and functions, and make mental and written notes about any revisions that could be applied in the next round of performance evaluation to improve the entire process. These 10 strategies imposed by Kravchuk and Schack (1996) provided valuable contributions to the field of performance measurement and invited others like Wholey (1999) and Barnett and Atteberry (2007) to increase the level of discussion and exposure on this topic.

Kravchuk and Schack's (1996) theoretical framework that guided the principles and practical application of performance measurement within an organization was part of a larger reform movement dedicated to changing how government functioned. This transformation was fueled by legislation described earlier that was passed in the 1990s. These legislative measures set the standard for how agencies of the federal government would evaluate their performance as a means for improving the quality of services they provided to the public. Like Kravchuk and Schack (1996), Wholey (1999) believed that performance measurement is not just a one-time

occurrence but an evolving and continuous process in which lessons learned from previous evaluations are then applied to future assessments as a way of improving the effectiveness of the overall process. Wholey (1999) had spent several years writing about how important it was for federal government agencies to adopt and implement a reasonable and practical performance-measurement system. This would allow an organization to identify ineffective practices and wasteful spending and replace them with “a more purposeful use of resources and information to achieve and demonstrate measurable progress towards agency and program goals” (p. 288). Barnett and Atteberry (2007) shared similar ideas about their own unique perspectives on this subject.

Like Kravchuk and Schack (1996) and Wholey (1999), Barnett and Atteberry (2007) emphasized the importance performance measurement played in developing and improving an organization’s ability to provide high-quality goods and services to its clients and customers. Barnett and Atteberry (2007) did, however, examine this practice within the state government rather than at the federal level. Essentially, they believed that the success of a performance-measurement program within a state government agency depends on how much money it receives to administer and implement it. This “budgeting for outcomes” approach will be influential in determining what matters most to the citizens it serves, how the services they receive will be evaluated, how much money should be spent to assess the quality of services they receive, and how best to deliver the services that citizens expect (Barnett & Atteberry, 2007, pp. 7–8).

Barnett and Atteberry (2007) realized that money allocated within an organization’s budget for performance measurement was limited and therefore, the organization had to

prioritize the way in which it could be used. In other words, a state agency had to determine which programs and services represented the most important functions and resources for serving its citizens. Once they determined the priority, then they could allocate appropriate resources toward evaluating a program or service so that it could be implemented and delivered with maximum efficiency. Like Kravchuk and Schack (1996) and Wholey (1999), Barnett and Atteberry (2007) believed that performance measurement should be a continuous process.

The purpose of this section was to describe the different types of performance measurement that exist; to explain how and when they originated; to highlight the contributions theorists, researchers, and scholars made to the study of performance measurement; and to reveal how it has been used as a tool for helping to improve the efficiency and effectiveness of organizations over the past 100 years. Some of the earlier written accounts provided by Wholey and Hatry (1992) and Kravchuk and Schack (1996) were a direct response to legislative measures that had been passed during that period. These included the Governmental Accounting Standards Act of 1984, the Chief Financial Officers Act of 1990, and the Government Performance and Results Act of 1993. They provided strong arguments about the importance of administering and implementing an ongoing performance-measurement program designed to conduct a comprehensive evaluation of how an organization functioned. It also helped to develop new ideas of ways to maximize its efficiency and effectiveness when delivering quality goods and services to its clients and customers. The exchange of ideas, opinions, and written empirical research and data provided ongoing interest in this practice that led to a series of discussions centered on the development and improvement of performance-measurement techniques within an organization.

## **Conclusion**

This chapter was divided into nine sections and provided valuable information found in the literature that pertained to child-welfare legislation; the CFSRs process; the definitions of abuse and neglect; existing social-services programs; policies and procedures governing child-welfare practices in New Jersey, Maryland, and Virginia; public-policy theories, policy implementation; content analysis; and performance measurement. Each section helped to organize and compartmentalize a series of ideas that will be useful in developing a methodological approach in the next chapter to answer the two questions examined in this study. The last two sections of this chapter utilized all of the pertinent data introduced in the previous seven sections of the chapter to design a methodological approach that represented the most logical and practical way to examine the performance measures results of the CFSRs, later discovered in Chapter 4 and eventually analyzed in Chapter 5. Chapter 3 will provide a detailed description of how content analysis will be applied to measure the data collected in Chapter 4 and analyzed in Chapter 5.

## CHAPTER 3

### METHODOLOGY

#### **Overview**

This study consists of a content analysis of qualitative and quantitative data that were collected by state and federal stakeholders using two instruments during the first two phases of the CFSRs conducted for New Jersey, Maryland, and Virginia in 2004 and 2009. Although a vast majority of the data contained in these instruments were qualitative in nature, this study employs additional statistical data gathered from demographic and economic data sets not used during the CFSRs. The purpose of such a methodological approach is to identify any significant trends, variations, and deficiencies that may be able to provide answers to the two questions described in the previous chapter and pursued in this study. This chapter will be organized into five sections that describe all three phases of the CFSRs and that examine both instruments employed during the first two phases of this process, the methodological approach, and the research design implemented for the study.

As stated in the previous paragraph, this chapter describes the methodological approach used for answering the two questions addressed in this study. The first question is whether social-services agencies in each state (charged with administering and implementing child-welfare programs) provide sufficient and relevant data to those federal stakeholders representing



the DHHS that monitor their progress in delivering such services. The second question asks about some of the challenges identified during the CFSRs that have a direct impact on stakeholders representing local, state, and federal governments in their administration, implementation, and evaluation of child-welfare government programs.

“The 1994 Amendments to the Social Security Act authorized the U.S. Department of Health and Human Services (DHHS) to review state child and family services programs to ensure conformance with the requirements in Titles IV-B and IV-E of the Social Security Act” (U.S. Department of Health and Human Services, n.d.-b). The passage of the ASFA represented the most powerful and influential legislative measure to achieve this goal. As a result, the CFSRs were created and became the official process that the federal government exercised to assess states’ compliance with the administration and implementation of their child-welfare programs. The CFSRs were first implemented in 2001. The next three paragraphs will describe the three phases of the CFSRs.

### **Section 1. Child and Family Services Reviews (CFSRs)**

The first phase of the CFSRs is the Statewide Assessments. During this phase, federal stakeholders from the Children’s Bureau within the DHHS monitor states’ progress in collecting all pertinent data related to safety, permanency, and well-being outcomes for at-risk children and families living in their communities. Six child safety and family outcome measures received considerable attention because each was measured against national standards established by the federal government and the DHHS in all states. These child safety and family outcome measures included the number of abused and neglected children, the number of children living in foster

care, the recurrence of maltreatment, the stability of foster-care placements, the length of time it takes for a child to be reunited with his/her family or adopted, and the number of children who entered foster care on more than one occasion. Data related to the number of abused and neglected children were collected and stored in a national database system known as NCANDS. The national database system that maintained information related to the total number of children who were living in foster care and preparing to be adopted within a state was called AFCARS.

The second phase was known as the on-site portion of the CFSRs. During this phase, federal stakeholders from the ACF conducted “case records reviews, interviews with children and families engaged in services, and interviews with community stakeholders, such as the courts and community agencies, foster families, case workers, and service providers” (Administration for Children and Families, n.d.). As described in Chapter 2, the data collected, reviewed, and analyzed during the first phase of the CFSRs helped to determine which geographical locations within a state should be selected to participate in these on-site reviews. The key components of the third phase of the CFSRs will be outlined in the next paragraph.

The third and final phase of the CFSRs is known as the PIP. Basically, this third phase of the process afforded states the opportunity to address any deficiencies discovered during the first two phases of the CFSRs. According to the federal Program Improvement Plans Rule (2001), those states that did not achieve a satisfactory performance at the conclusion of the second phase of this process were required to submit their PIPs to the ACF within 30 days after being notified. Moreover, they had 30 calendar days to resubmit their plan if it was initially rejected by federal stakeholders at the ACF. In the end, states were required to successfully complete their PIPs no later than 2 years after they were officially notified by federal stakeholders that they had not

achieved a “substantial conformity” rating during their CFSRs. The Statewide Assessment instrument was used to collect pertinent data from states during the first phase of the CFSRs (see Appendix A).

## **Section 2. Statewide Assessments Instrument**

The structure of the Statewide Assessment instrument contained several minor variations from one state to another. However, the basic key components were included. The first section of the instrument provided general information about the various child-welfare programs administered and implemented by local social-services agencies. Narrative information related to those systemic factors that helped to support such programs were provided by states and incorporated into the second section of this instrument. These systemic factors were statewide information systems; case reviews; quality-assurance systems; training; delivery of a wide array of services; the responses of local social-services agencies to the community; and the licensing, recruitment, and retention requirements for foster and adoptive parents. The third section of the instrument emphasizes the data retrieved from NCANDS and AFCARS described earlier in this chapter. The fourth section of the instrument used during this first phase of the CFSRs included narrative information provided by a state that pertained to the 23 items representing four child safety and permanency outcomes and three child safety and family well-being outcomes. The fifth section of the instrument reflected a state’s own assessment of what its strengths and needs are. As stated earlier, some states include a sixth section as part of their Statewide Assessment instrument, but others do not.

The three states included in the study use slight variations of this instrument. For instance, the sixth section of Maryland's instrument includes a glossary of acronyms referenced throughout its Statewide Assessment. Virginia included appendices in this same section to clarify and support relevant data it produced, while New Jersey only used five sections during this first phase of the CFSRs. As stated earlier in the chapter, federal stakeholders at the ACF closely scrutinized six child safety and family outcomes. Data collected for each of these six outcome measures were instrumental in helping them to determine which geographical locations within a state would be selected to participate in the on-site portion (second phase) of the CFSRs. Each of the six items related to these six child safety and family outcome measures will be described in the next two paragraphs.

Table 1 in Chapter 4 provides a detailed description of these six child safety and family outcome measures and, as indicated in the previous paragraph, represents the only items in the entire instrument for which national standards have been established. The first two outcome measures help assess the recurrence of abuse and neglect committed against children within a 12-month period as well as those children who experienced one of these two types of maltreatment while they were living in foster care for at least 9 months. Data for both of these outcome measures were extracted from NCANDS and AFCARS. The data that pertained to the remaining four child safety and family outcome measures were also extracted from AFCARS and are described in the next paragraph.

The third child safety and family outcome measure deals with those children who have re-entered foster care within a 12-month period for a wide variety of reasons. Children who were living in foster care but who were reunified with their natural parents within a 12-month period

represented Item 8 in Section 4 of the Statewide Assessment instrument. Each state also used AFCARS to collect the number of adopted children within a geographical community and included this data as Item 9 in the fourth section of the instrument. The sixth and final outcome measure measured during the first phase of the CFSRs pertained to those children living in foster care for at least 1 year who experienced at least two different foster-care placements during that period. Again, a state's performance on each of these six child safety and family outcomes items were measured against a national standard that represented the collective performance of all states participating in the CFSRs in a particular year. As stated earlier, the data collected during this phase would help federal stakeholders from the ACF determine which geographical locations within each state would be selected to participate in the on-site reviews (second phase) of the CFSRs.

The instrument used by federal stakeholders from the Children's Bureau during the Statewide Assessments (first phase) of the CFSRs required states to collect and organize data that they could interpret when answering the federal stakeholders' questions. The main purpose for using this instrument was to evaluate specific policies and procedures governing child-welfare services administered by states and implemented by local social-services agencies. It provided a snapshot of how states ran their child-welfare programs and some insight about how limited resources, specific problems, and demographic characteristics can influence child-welfare practices and outcomes. As described in the next section and outlined in Appendix B, the first child safety and family outcome measure is represented as Item 2 (repeat maltreatment) in the more comprehensive and detailed version of the Statewide Assessment instrument used during the on-site portion (second phase) of the CFSRs. Information regarding the third, fourth,

fifth, and sixth child safety and family outcome measures found in Table 1 were represented as Items 5, 6, 8, and 9. These and the remaining 40 items that were included and examined by this instrument during the second phase of the CFSRs will be examined in Section 3 of this chapter.

### **Section 3. On-Site Reviews Instrument**

The instrument used by federal stakeholders at the ACF to collect data during the on-site portion (second phase) of the CFSRs was designed to measure how well states performed in administering and implementing their child-welfare programs. As indicated in Appendix B, the instrument contained 45 items that focused on “seven child safety outcomes (containing a total of 23 items) pertaining to children’s safety, permanency, and well-being and on seven systemic factors (containing 22 items) related to a state’s capacity to achieve positive outcomes for children and families” (Maryland CFSRs, 2004, p. 2). This section will provide a detailed description of each item.

As previously described, half of the instrument used during the CFSRs contains child safety outcome measures. The first child safety outcome is the need to protect children from abuse and neglect. The two items measured to ensure that this child safety outcome is being achieved by local social-services agencies include the timeliness of investigations and repeat maltreatment (see Appendix B). As indicated in Section 5 of the previous chapter, the policies and procedures governing the timelines of investigations varied among New Jersey, Maryland, and Virginia that were examined in this study. Section 1 of Chapter 4 will demonstrate how the criteria established to determine the outcome of these investigations also differed among the three states. The repeat of maltreatment referred to those children who had been abused or

neglected and experienced another incident within a 6-month period. The second child safety outcome measures how well states are able to ensure that children are safely maintained in their homes when possible, and appropriate and the two items representing this safety outcome are described in the next paragraph.

The third item in the CFSRs instrument refers to those services provided by a local social-services agency in a state to prevent a child from being removed from a home where he/she is living with natural parents. Social-services programs such as family preservation, CPS, and school-linked services described in Section 4 of the previous chapter provide these types of preventive services. These preventive services help reduce and eliminate any potential harm that may be committed against a child in the home (Item 4 of this second child safety outcome).

The permanency outcome measure is designed to assess how well the collective efforts of states' social-services agencies assist those children who enter a foster-care setting after all previous preventive services (such as those already described in the previous paragraph) prove unsuccessful in keeping them in their own homes. As indicated earlier in this chapter, all data that pertained to foster-care re-entry (Item 5); stability of foster-care placements (Item 6); reunification, guardianship, and placement with relatives (Item 8); and adoption (Item 9) were already examined during the first phase (Statewide Assessments) of the CFSR process by extracting all pertinent data for these items from AFCARS database.

The criteria established by the DHHS for each of the four items are described above and represented in Table 1 in Chapter 4. The remaining two items found in this permanency outcome measure include permanency goal for a child (Item 7) and other planned living arrangements (Item 10). States' ability to create a permanency goal for a child is critical because it will

determine where a child will live until his/her 18th birthday and beyond (in some cases). This can include other living arrangements (Item 10) that would require a child to live with family, with friends, or in an institutionalized setting that adequately addressed any special needs a child may exhibit. The second permanency outcome measure will be discussed in the next paragraph and focuses on the continuity of family relationships and the preservation of these connections.

Once a child is placed in foster care, local social-services agencies should make a concerted effort to ensure that these children maintain some sort of relationship with family members when appropriate. The proximity of the home in which children are placed to the home of a family member (Item 11) would help facilitate this process. Foster-care workers at local social-services agencies should also facilitate and supervise visits between these children and their parents (Item 13) when appropriate as a way of strengthening the emotional bond and overall relationship (Item 16) between the two. A similar approach could also prove to be helpful and useful when attempting to preserve family connections (Item 14) with extended family members so long as it is deemed to be in the child's best interest to do so. In some cases, it may be appropriate to have these at-risk youth placed in a home with other siblings (Item 12) as a way of easing such a transition for a child living in an out-of-home placement. It also helps to reduce feelings of anxiety, depression, isolation, rejection, anger, and fear that were discovered in the literature review. It may also be in the child's best interest to live with a relative (Item 15) for similar reasons.

One of the primary roles for child-welfare caseworkers is to empower the family (e.g., the parents) by assisting them to secure services that strengthen and refine their coping mechanisms and parenting skills so that they can adequately provide for their children's basic



needs. To achieve this goal, a caseworker should fully engage the family by allowing parents and their children to be active participants in the case planning process (Item 18). This would allow family members to provide invaluable insight and guidance about their unique situation and those circumstances that eventually led to the involvement of CPS, for example. Moreover, this level of involvement by these families should significantly improve the ability of a caseworker to develop and implement a case plan tailored to the unique needs of the family and, thus, be able to provide them with appropriate, reasonable, and feasible services to effectively address these needs. In addition to this method of intervention, caseworkers should also establish reasonable and sufficient face-to-face time with these at-risk youth (Item 19) and the parents (Item 20) as well. Visits with children could include those conducted by caseworkers to a child's school. Each local department of social services establishes its own policies and procedures regarding the minimum amount of monthly visits caseworkers must conduct to the homes of children and their parents. The next paragraph will address the second well-being outcome specifically related to the educational needs of at-risk youth.

The educational needs of a child (Item 21) is the only item that addresses this second well-being outcome. It refers to all of a child's educational needs and includes attendance, academic record, behavioral issues that interfere with classroom activities, and any additional support services that address specific educational needs outlined in a child's individualized education plan. Although it is not usually required that a caseworker meet with a child at school or attend any school meetings to address educational needs, such practices are usually encouraged. This level of involvement by a caseworker supports those reasons already mentioned in the previous paragraph regarding the three items associated with the first well-

being outcome measure. The physical and mental-health needs of at-risk youth represent the third well-being outcome.

The literature reviewed in the previous chapter provided numerous examples of how children's exposure to abuse and neglect has a direct negative impact on their physical and mental-health needs that may or may not have a lasting effect in their lives. Caseworkers at local social-services agencies need to maintain contact with these children's medical providers such as a pediatrician, for example, to monitor the physical health of a child (Item 22). This will help ensure two things. The first is that these children's parents or relatives are taking them to all scheduled medical appointments and following through with all recommendations in a timely manner. Second, it helps the caseworker identify any medical issues a child may be experiencing that may have resulted from previous or current exposure to these types of maltreatment.

A caseworker equipped with current knowledge and a firm understanding of any medical issues affecting a child will be able to effectively intervene on the child's behalf by mobilizing any additional resources to address such issues while preventing similar events from occurring in the future. The same precautionary measures should be adopted and exercised by caseworkers when dealing with the mental-health needs of a child (Item 23). The 23 items of the CFSRs instrument described up to this point focused on child safety and permanency outcome measures related to at-risk youth and their families. The second half of this instrument is dedicated to evaluating how well local social-services agencies use those systemic resources that they have at their disposal to maintain and improve the quality of services provided to these at-risk youth and their families.

The first systemic factor evaluated during the CFSRs is the statewide information system (Item 24). This factor relates to a state's ability to collect and manage all pertinent child-welfare data that can be used as a means for improving the administration and implementation of its child-welfare programs. Database systems such as NCANDS, designed to collect data related to those children who were abused and neglected, and AFCARS, which gathers information for children already in foster care or prepared to be adopted, represent two examples. Although these two systems are the most widely used among all states, some have developed and implemented additional database systems to share information within their own state and the federal government.

For example, Maryland performs background checks on clients with whom they currently work with using the client information system (CIS) to ensure that they do not have a criminal history of abusing or neglecting children. Maryland's Foster Care and Adoption Tracking System (FACTS) tracks demographic characteristics associated with children who are living in a wide variety of foster-care settings that are eventually incorporated into AFCARS. New Jersey has its own internal database system called the Division of Youth and Family Services service information system (SIS), whose purpose and function resembles the CIS found in Maryland. Virginia operates the online automated services information system (OASIS), which is capable of "identifying the status, demographic characteristics, location, and goals for the placement of every child in foster care" (Virginia CFSRs, 2004, pp. 46-47). This system is similar to the FACTS performed in Maryland. The OASIS does not, however, track ongoing CPS cases like the CIS in Maryland and the Division of Youth and Family Services SIS in New Jersey. Local social-services agencies employ a case review system that enables them to document their work

with clients and affords federal stakeholders conducting the CFSRs an opportunity to assess their level of compliance with existing federal mandates.

The basic principles, policies, and procedures that guide how local social-services agencies serve their clients are evaluated by this instrument during the CFSRs. The process by which child-welfare workers develop and implement a case plan with their clients (Item 25) is important because it represents an agreement between the worker and a client and outlines the requirements that need to be completed by all parties within a specified time frame.

Federal stakeholders from the ACF conducting the on-site portion (second phase) of the CFSRs are also interested in knowing whether local social-services agencies are implementing a process for ensuring that 6- and 12-month reviews (Items 26 and 27) are being scheduled and occurring for those children who have been living in a foster-care placement anywhere between 6 and 12 months. These reviews can be conducted by the courts, approved and sanctioned by citizen review boards representing children, or performed by the individual social-services agencies themselves. They represent an effort to hold states accountable for ensuring that all of the services designed to help these at-risk youth are delivered in a consistent, reliable, and timely manner in accordance with the service plan previously mentioned. In cases where a parent is no longer a viable resource for children who remain living in a foster-care setting, the process by which their parental rights are terminated by the courts with support from local social-services agencies (Item 28) is also reviewed during this process.

The fifth and final systemic factor reviewed in this section of the instrument pertains to the process by which local social-services agencies notify caregivers about the meetings and court hearings described above (Item 29). This federal mandate is designed to ensure that all

parents, caregivers, and collateral providers directly involved in the lives of these children are afforded an opportunity to actively participate in this process. The next systemic factor investigated by federal stakeholders from the ACF is the quality-assurance system developed and implemented by local social-services agencies.

Under Title IV-B and Title IV-E of the Social Security Act, states are required to develop and enforce standards for ensuring that child-welfare services are being delivered in an efficient and timely manner (Item 30). Different names are associated with a system that provides quality assurance that exists among New Jersey, Maryland, and Virginia. They all strive, however, to implement methods for ensuring that local social-services agencies are providing quality services designed to protect and preserve the health, safety, and well-being of these at-risk youth (Item 30). This type of periodic internal audit developed and employed by local social-services agencies should be consistent and reliable so that it can adequately satisfy its intent and purpose while maintaining a high standard for services provided to children and their families. Training is another critical systemic factor evaluated during the CFSRs because it is a key ingredient in helping to develop the knowledge shared among staff members at local social-services agencies.

Federal stakeholders at the DHHS have mandated that states provide staff training centered on the goals and objectives of those child-welfare services provided under Titles IV-B and IV-E described in the previous paragraph. New staff members at local departments of social services are required to actively participate and successfully complete initial child-welfare training (Item 32) so that they can become more familiar with what they will be expected to do in helping at-risk youth and their families. These necessary skills and knowledge will be further developed and refined through ongoing training (Item 33) made available to staff members by

their local social-services agency and other collateral community providers such as local universities, other agencies, the courts, and so forth.

Although the number of training hours that foster and adoptive parents are required to have (Item 34) to maintain their eligibility and active participation as credentialed caregivers varies from state to state, the basic fundamental skills and knowledge provided by such training remains universal. All three types of training are designed to foster an environment within an organization that values and embraces learning as a tool for sustaining and improving existing knowledge about how best practices exercised during the delivery of child-welfare services can be improved. The next paragraph will provide a detailed explanation of the criteria that the CFSR instrument uses to evaluate how well a wide array of child-welfare and family-support services are administered and implemented by local social-services agencies.

Strong emphasis is placed on assessing the availability of a wide array of critical services (Item 35) that support child-welfare programs such as substance abuse treatment services, infant and toddler services, individual and family counseling services, youth mentoring services, and parent aide services within various state jurisdictions. These types of collateral services will be instrumental in ensuring that child-welfare services remain consistently effective in assisting at-risk youth and their families. Knowledge about the accessibility of such services by local social-services agencies and their clients across all jurisdictions (Item 36) of a state is equally important because, for example, it will help agency administrators strategize how to work with other community resources such as the state transportation authority to solve this problem. There is also a distinct possibility that a new network of providers such as substance abuse counselors,

family therapists, and pediatricians may have to be created within certain jurisdictions to improve the access clients have to these services.

A major challenge that local social-services agencies face is their ability to effectively work with other community resources such as mental-health providers, schools, and even medical providers in developing services to adequately address unique needs a client may have (Item 37). The individualized education plan described earlier in this chapter is an example of how academic, mental health, transportation, bilingual, tutoring, and health services can be included in a plan that ensures the unique and special needs of at-risk youth are achieved within a school setting. The level of responsiveness by a local social-services agency to the needs of its community members represents the sixth systemic factor examined by the CFSR instrument.

Most of the information provided to federal stakeholders from the Children's Bureau by states during their Statewide Assessments was derived from their Child and Family Services Plan (CFSP). This plan reflected states' unique characteristics and approach in creating, developing, and delivering child-welfare services to meet the needs of its at-risk youth and their families. This comprehensive statewide plan is developed with input from a wide variety of community resources and stakeholders that include representatives from the Department of Social Services, foster-care providers, the courts, tribal representatives, Medical Assistance representatives, administrators tasked with implementing mental retardation and substance abuse services, representatives from the Department of Juvenile Services, church groups, other public and private community agencies serving children and families, and a pool of clients themselves that benefit from these child-welfare services. More emphasis and oversight is placed on this systemic factor during the on-site portion (second phase) of the CFSRs, however, and a state's

ability to engage in ongoing consultation with critical stakeholders mentioned above in developing its CFSP (Item 38).

Select departments and agencies within a state are ultimately responsible for ensuring that quality child-welfare services are provided to their intended recipients in an effective and timely manner. As stated in the previous paragraph, a big part of this success depends on a state's ability to work responsibly and effectively with other community stakeholders already mentioned that are equally committed to achieving similar positive results for children and their families. Again, this should be an ongoing process. One of the ways to ensure that this type of collaboration and consultation with these stakeholders continues is to hold states accountable for developing annual progress reports (Item 39) that can verify this is being done. Some of the stakeholders listed in the previous paragraph are representatives of federally funded programs managed by state agencies such as the Department of Education, Department of Health and Mental Hygiene, Department of Law and Public Safety, and Department of Human Services. A state's ability to coordinate services with representatives from these federally funded programs (Item 40) is closely scrutinized during the CFSR process because it strengthens the mutual bond of these various entities working toward achieving similar goals and objectives. The last systemic factor included in the CFSR instrument deals directly with the licensing, recruitment, and retention of foster and adoptive parents.

A set of clearly defined standards that govern the licensing requirements for both foster and adoptive parents as well as childcare institutions (Item 41) should be instituted by all states. This will reinforce accountability while ensuring consistency among all providers. In other words, these standards should be applied equally to all foster and adoptive families and child



care institutions (Item 42) so that there are no any doubts about what the expectations are for this type of licensing. The recruitment of new foster parents is an integral and probably the most important part of this process because it represents the beginning of what will hopefully become a pool of caring, talented, and committed individuals who will work hard to improve the lives of at-risk youth who are living in out-of-home placements. Conducting background checks (Item 43) is a necessary initial step of this process because it helps to ensure that the health, safety, and well-being of these at-risk youth are not compromised in any way by, for example, foster parents who may have a history of abusing and neglecting children.

In addition to these precautionary measures that help prevent any direct harm committed against these children, other best practices are designed to facilitate their smooth transition and integration from one home to another. Diligent recruitment of foster and adoptive families that reflect children's racial and ethnic diversity (Item 44) is one way in which this can be accomplished. There should also be a system in place that encourages and supports collaborative efforts with providers living in different jurisdictions or states that have been identified as potential placements for children (Item 45). This is critically important because it may be in a child's best interest to move in with a family that will best meet the child's needs. Moreover, this will help expedite the process for those children who are waiting to be adopted. The next section will describe the methodological approach exercised in this study.

#### **Section 4. Approach**

As stated in Chapter 1, the purpose of this study was to conduct a content analysis of state CFSR documents for New Jersey, Maryland, and Virginia in 2004 and 2009 to determine their

effectiveness in providing information about their level of compliance with existing federal mandates. Data extracted from all three phases of these CFSR documents were analyzed in an attempt to answer both questions pursued in this study. Narrative and statistical data provided by these three states during the Statewide Assessments (Phase 1) of the CFSRs were useful when answering the first question, which pertained to whether they were providing relevant data to federal stakeholders conducting these CFSRs. Although both instruments used by federal stakeholders during the Statewide Assessments and on-site portion of the CFSRs were structured slightly differently (see Appendices A and B), they were designed to collect data for 45 items that represented seven child safety and family outcomes and seven systemic factors. The data provided by states and interpreted by federal stakeholders from the Children's Bureau during the first phase were useful in selecting the geographical locations to participate in the second phase.

Although the CFSRs examined 23 items that pertained to child safety and family outcomes, the study focused on nine of them. As explained in Chapter 4, these included repeat of maltreatment (Item 2), risk of harm to children (Item 4), foster-care re-entry (Item 5), stability of foster-care placement (Item 6), permanency goal for a child (Item 7), reunification, guardianship, and placement with relatives (Item 8), adoption (Item 9), other planned living arrangements (Item 10), and relative placement (Item 15). As described earlier in Section 2 of this chapter, five of these items were measured against national standards.

Narrowing the focus of this study would allow for a close examination and analysis of the data collected by federal stakeholders in New Jersey, Maryland, and Virginia during both phases of their 2004 and 2009 CFSRs. Such an approach represented what Clarke and Dawson (1999) referred to as "between methods" methodological triangulation (p. 87). Basically, it involved

gathering information from various sources that represented unique characteristics within each of these three states. The cumulative knowledge gained from these data would help determine the extent to which all relevant data provided to federal stakeholders by the states were effectively used by them when selecting participants for the second phase of the process. These data would also help answer the second question of the study by identifying and clarifying any challenges experienced by local and state government officials who were tasked to administer and implement child-welfare programs. The same holds true for those federal stakeholders from the Children's Bureau within the DHHS, who experienced their own unique challenges while conducting the CFSRs.

Selecting the nine items already described in the previous paragraph provided a suitable baseline from which to apply the second question of this study. Each of these nine items represented challenges for states in specific areas that were directly affected by the implementation of their child-welfare services. As indicated in Table 2 of the next chapter, a vast majority of these items were identified as being areas needing improvement (ANI) during both the 2004 and 2009 CFSRs. In fact, New Jersey, Maryland, and Virginia received these negative ratings for all items except for children's re-entry into foster care (Item 5) during both rounds of the CFSRs. These negative characteristics that existed among the three states at the conclusion of the on-site portion (second phase) of the CFSRs highlighted some of the major challenges facing local social-services agencies in their communities. They also created a sense of urgency among the three states to correct all those deficiencies that posed a direct threat to their ability in being able to provide quality child-welfare services.

A theoretical framework developed by Julnes (2009) was used to employ a two-prong methodological approach in this study. First, it would help predict states' level of success in implementing their child-welfare programs. Second, it would also provide an angle from which federal stakeholders conducting performance measures such as the CFSRs could identify any potential roadblocks that interfered with policy implementation while developing viable solutions for improving this process altogether. The next paragraph will outline the first of these four factors created and advanced by Julnes (2009).

In a nutshell, Chapters 4 and 5 are successful in answering both questions in this study by entertaining a series of other questions that helped to investigate the availability of data that existed among stakeholders representing all three levels of government, how these data are collected and organized by them, what they will do with the information, which resources could and should be mobilized to facilitate and enhance such a process, who will benefit most from the knowledge gained from these data, and when these data should be used to produce additional data that could, in turn, increase the knowledge and understanding surrounding public-policy issues.

Results examined in the next chapter provided relevant data that federal stakeholders could use to evaluate states' level of success in implementing their child-welfare programs. In the fifth and final chapter, however, additional demographic and economic data sets representing New Jersey, Maryland, and Virginia in 2004 and 2009 were examined as a way of validating existing data while infusing a new set of criteria designed to widen the scope of analysis. These data sets included information related to the total population of specific geographical communities among these three states, the number of one-parent households living in these

communities, and the number of persons receiving public assistance benefits. As described by Julnes's (2009) rational/technocratic factor, these additional data increased the availability of information and knowledge on how to detect any obstacles or deficiencies that hindered the delivery of quality services by an organization such as a local department of social services. A strong emphasis was also placed on the culture that existed within an organization.

Julnes (2009) emphasized the importance and influential power that different aspects of an organization's culture had during the implementation of performance measures such as the CFSRs. The next chapter will demonstrate how different policies and procedures governing the administration and implementation of child-welfare services contributed to the unique development of an organization's culture that, in turn, could also represent potential roadblocks for those federal stakeholders conducting the CFSRs. Chapter 5 will use demographic data related to the different geographical boundaries such as counties, boroughs, cities, towns, townships, and villages that exist in New Jersey, Maryland, and Virginia to show how organizations like local social-services agencies operating in these communities have to compete for limited resources when implementing their program goals and objectives. The co-occurring and mutually dependent political, social, and economic entities that drive the process for how organizations assess their needs, prioritize their work, and create a culture that ultimately defines how they will respond to increasing demands. As Julnes (2009) described, numerous internal and external interest groups also play a key role in engineering how and when policy should be created and implemented.

As previously described in Chapter 2 and earlier in this chapter, federal stakeholders at the Children's Bureau and ACF within the DHHS played a key role during all three phases of the

CFSRs. They were external interest groups whose role was to evaluate how well states performed in complying with existing mandates governing how their child-welfare programs should be implemented. Section 3 of Chapter 5 demonstrated how their power and influence was derived from their ability to appropriate formula and discretionary funds for states that were in “substantial conformity” with these federal mandates and penalizing those who were not.

Another important dimension of this relationship between the federal government and the states rests with how effective the ACF regional offices were in preparing and supporting those local social-services agencies operating in states that they represented. The level of cooperation and collaboration between a state administrator for the local social-services department and a regional ACF administrator, for example, would be influential in the formulation and implementation of child-welfare policy in a specific geographical location. Internal interest groups would be just as influential in helping to determine how policy was developed, managed, and implemented by states and the inherent challenges they create for stakeholders at all three levels of government who are expected to create, implement, and evaluate program goals and objectives.

Directors of local social-services agencies in New Jersey, Maryland, and Virginia collaborate with state administrators of the New Jersey Department of Human Services (NJ DHS), Maryland Department of Human Resources (MDHR), and VDSS, respectively, in encouraging state legislatures to develop new policies that will help address specific needs within their communities. The employees themselves in these organizations have a vested interest in the outcomes of such policies because they directly affect the work that they perform for their clients on a daily basis. They have an impact on the types of state legislation by casting

votes for those politicians representing their communities who share similar points of view and are committed to a similar cause.

The relationship employees have with their union representatives is also a key ingredient for protecting their interests and fighting for change as needed. The fact that every community has a unique set of needs helps to explain why the criteria established for federally funded programs such as Supplemental Nutrition Assistance Program (SNAP), commonly called “food stamps,” and Temporary Assistance to Needy Families program, commonly called “cash assistance,” vary from state to state. For these reasons, it becomes a challenge for federal stakeholders to apply a universal template such as the CFSR instrument when measuring states’ performance on how they administered and implemented their child-welfare programs. The four factors developed by Julnes (2009) and described in this section provided a theoretical framework that built the foundation from which the methodological approach used in this study was organized and exercised. The next section of this chapter will examine the research design employed in this study.

## **Section 5. Selection of the States for This Research**

The criteria for selecting the three states included in this study involved several characteristics that defined each of these states. The first goal was to find three states that participated in at least two rounds of CFSRs during the same years. In this case, New Jersey, Maryland, and Virginia had participated in both the 2004 and 2009 CFSRs. This would help ensure that the final CFSR report would be completed and made available during the same years among all three states. It was critical to have these documents so that a thorough content analysis

of information collected, organized, and documented during this process by state and federal stakeholders could be conducted.

The second criterion had to do with the need for selecting states that represented at least two different regional ACF offices described earlier in this chapter and later analyzed in Chapter 5 so that comparisons related to how they were organized and functioned could be made. New Jersey was affiliated with Region 2, while both Maryland and Virginia belonged and reported to the ACF office in Region 3.

The third criterion emphasized the need to select states that shared negative ratings for similar items known as ANI, as determined by federal stakeholders representing the DHHS. As described earlier in this chapter, these items that represented child safety and family outcomes included repeat of maltreatment (Item 2), risk of harm to children (Item 4), foster-care re-entry (Item 5), stability of foster-care placement (Item 6), permanency goal for child (Item 7), reunification, guardianship, and placement with relatives (Item 8), adoption (Item 9), other planned living arrangements (Item 10), and relative placement (Item 15). These similarities and consistencies among the three states during both the 2004 and 2009 CFSRs allowed for the cross-comparative analyses employed in Chapter 5.

The fourth and final criterion included the need to select states that had a wide array of geographical, demographic, economic, and political characteristics. As described in Table 26 of Chapter 5, there was a distinct difference in the number of counties, boroughs, cities, towns, townships, and villages that existed within New Jersey, Maryland, and Virginia. Data analyzed later in the study would also reveal significant differences among specific segments of the population in these three states. Some examples of such differences included the number of



abused and neglected children, children living in foster care, grandparents acting as caregivers for their grandchildren, one-parent households with children under the age of 18, and the number of recipients who received federally funded public assistance benefits, such as cash assistance and food stamps. The political climate that existed in each of these states was also critical in helping to establish differences between these three states that were revealed in Table 31 of Chapter 5. The next chapter will begin to highlight some of these differences among the three states and contribute to a method of analysis described in this chapter and employed in the final chapter of this study.

## **Conclusion**

All five sections of this chapter helped to describe the methodology used to help answer the two questions posed in this study. The instruments designed to collect and organize data during the first two phases of the CFSRs were described in detail so that all key components and characteristics contained in each of its sections could be easily understood. Section 4 explained how the data included in both instruments would be used to identify similarities and differences among New Jersey, Maryland, and Virginia that could contribute to the knowledge being sought in this study. The application of this methodological approach will begin in the next chapter to examine the results produced by different variations of these data and will, in turn, create a platform from which a series of analyses can eventually be conducted in Chapter 5.

## CHAPTER 4

### RESULTS

#### **Overview**

As stated in Chapter 1, the purpose of the study was to conduct a content analysis of state CFSR documents for New Jersey, Maryland, and Virginia in 2004 and 2009 to determine their effectiveness in providing information about state compliance to federal mandates. The chapter will begin by providing an overview of the CFSRs and the three states' level of compliance to federal mandates during the process. The remainder of this chapter will be divided into three sections and examine each phase of the CFSRs.

The first phase includes the Statewide Assessments, the second phase is the on-site case reviews, and the third phase is the PIP. These three sections will provide a detailed examination of the results that show how well New Jersey, Maryland, and Virginia did during each phase of their CFSRs. The CFSR child safety and family outcome measures that will be examined in Section 2 of this chapter for each state include repeat of maltreatment (Item 2), risk of harm to children (Item 4), foster-care re-entry (Item 5), stability of foster-care placement (Item 6), permanency goal for child (Item 7), reunification, guardianship, and placement with relatives (Item 8), adoption (Item 9), other planned living arrangements (Item 10), and relative placement (Item 15). Examining the results related to these nine items would help determine whether they

provide relevant data to federal stakeholders about the delivery of child-welfare services. The challenges experienced by local and state governments that implement child-welfare programs and the federal stakeholders responsible for conducting the CFSRs will be analyzed in Chapter 5.

### **Section 1. States' Compliance with Federal Mandates**

This chapter contains data retrieved from states during all three stages of the CFSRs. These include the Statewide Assessments, on-site case reviews and interviews, and the PIP. The states themselves conduct the Statewide Assessments that measure how well they perform in implementing six child safety and family outcome measures described in Table 1. The on-site portion of the CFSRs are conducted by federal stakeholders representing the ACF at the DHHS (with the assistance from state officials) who are tasked with conducting case reviews and interviews with family members of children referred to local social-services agencies, caseworkers, and their supervisors. The PIPs are written by local and state child-welfare administrators at the conclusion of the on-site portion of the CFSRs to address any deficiencies that were discovered during the process.

Chapter 5 will identify and examine the variables introduced in the subsequent paragraphs of this chapter that present challenges for states' implementation of their child-welfare programs and federal stakeholders who evaluate their ability to do so during the CFSRs. A thorough analysis of the variables will be discussed in the final chapter based on the theoretical framework developed by Julnes (2009).

The individual states collected all data related to child maltreatment (abuse and neglect) during the first phase of the CFSRs using a universal template known as the Statewide

Assessment (see Appendix A). The states collect data related to the six child safety and family outcome measures described in Table 1. The first of the six child safety and family outcome measures addressed child abuse and neglect, and the remaining five pertained to those children who were living in foster homes. Each state has two databases that record and store information pertaining to any type of maltreatment committed against children living in their communities.

Table 1

*State Performance on the Six National Outcome Measures, 2004 and 2009*

Outcome Measure	National Standard	State Performance
Of all children who were victims of maltreatment in the first 6 months of the current fiscal year, what percent were victims of another incident of maltreatment within a 6-month period?		
Of all children who were in foster care in the first 9 months of current fiscal year, what percent experienced maltreatment from foster parents or facility staff members?		
Of all children who entered foster care in current fiscal year, what percent were re-entering care within 12 months of a prior foster care episode?		
Of all children reunified from foster care in current fiscal year, what percent were reunified within 12 months of entry into foster care?		
Of all children who were adopted from foster care in current fiscal year, what percent were adopted within 24 months of their entry into foster care?		
Of all children in foster care during current fiscal year for less than 12 months, what percent experienced no more than two placement settings?		

The first system is NCANDS and is designed to collect data related to those children who were victims of abuse and neglect. AFCARS on the other hand, collected information for children who were already in foster care or preparing to be adopted. These aggregate data collected from both systems during the first phase of the CFSRs would help federal stakeholders determine which geographical locations within each state should be selected for the on-site reviews during the second phase of the CFSRs.

The states' performance on each of the six child safety and family outcomes items were measured against a national standard that represented the collective performance of all states participating in the CFSRs during a particular year. Federal stakeholders working for the ACF at the DHHS established the criteria used to determine whether states complied with the federal mandates outlined in CAPTA and the Keeping Children and Families Safe Act of 2003. States had to achieve a satisfactory rating of 90% in each of the child safety and family outcomes items for all cases reviewed during the CFSRs to be in substantial conformity with federal mandates.

As stated earlier, the second phase of the CFSRs consists of on-site case reviews and interviews with family members of children referred to local social-services agencies, caseworkers, and their supervisors. Administrators representing local social-services agencies, court personnel, legislators, and state officials are also interviewed during the second phase as needed. Table 2 indicates the scores of each of the three states examined in the study during the second phase (on-site reviews) of the CFSRs in both 2004 and 2009. The significance of the scores will be examined in Chapter 5.

Table 2

*Item Ratings by State, 2004 and 2009*

State and Year	Item 2	Item 4	Item 5	Item 6	Item 7	Item 8	Item 9	Item 10	Item 15
Maryland 2004	ANI	ANI	ANI	ANI	ANI	ANI	ANI	ANI	ANI
Maryland 2009	ANI	ANI	Strength	ANI	ANI	ANI	ANI	ANI	ANI
New Jersey 2004	ANI	ANI	Strength	ANI	ANI	ANI	ANI	ANI	ANI
New Jersey 2009	Strength	ANI	Strength	ANI	ANI	ANI	ANI	ANI	ANI
Virginia 2004	Strength	ANI	Strength	ANI	ANI	ANI	ANI	Strength	ANI
Virginia 2009	Strength	ANI	Strength	ANI	ANI	ANI	ANI	ANI	ANI

*Note.* ANI = Area needing improvement.

As is evident, Maryland did not perform well in protecting children from additional incidents of abuse and neglect (Item 2) and any potential environmental risks that could contribute to maltreatment (Item 4). Neither New Jersey nor Virginia achieved a satisfactory rating for Item 4 during both years. In both years, all three states did not perform well in ensuring stability of foster-care placements for children in out-of-home placements (Item 6); establishing a permanency goal for children in a timely manner (Item 7); working toward reunification with biological parents, guardianship, or placement with relatives (Item 8); facilitating adoption (Item 9); preparing children in foster care for other planned living arrangements such as independent living (Item 10); and making permanent placements with relatives (Item 15).

Virginia had done well in ensuring that other planned living arrangements were implemented for children already living in foster care in 2004 but failed to meet federal mandates that governed the same item during the second round of its CFSRs in 2009. New

Jersey and Virginia performed well in ensuring that a child's entry into foster care did not take place within 12 months of discharge from a previous foster-care placement. These data demonstrated how effective New Jersey, Maryland, and Virginia were in complying with federal mandates that governed the implementation of the nine child safety and family outcomes items examined in the study. More importantly, they helped to guide the plans developed by states to address the ANIs identified at the conclusion of the second phase of the CFSRs.

The individual states designed the PIPs to address any deficiencies revealed after the on-site reviews were completed. They represented states' unique approach for problem solving while abiding by the guidelines established by the Children's Bureau, which reports directly to the ACF, which, in turn, reports to the DHHS. The Children's Bureau monitors states' progress in developing and implementing their plans while providing training resources and consultation services to help states successfully complete them in a timely manner. States are required to complete their plans within 2 years or face financial penalties imposed by the federal government that include withholding funds appropriated for child-welfare programs administered and implemented in their states. Section 2 of this chapter will examine specific demographic and performance data generated by the federal government and New Jersey, Maryland, and Virginia during each phase of the CFSRs conducted in 2004 and 2009.

## **Section 2. Statewide Assessments**

All reported child abuse and neglect cases that the CPS investigative worker has determined that maltreatment has occurred are recorded and maintained in a central database system known as NCANDS. It is monitored by the federal government and the Children's

Bureau specifically. In New Jersey, the conclusion of a CPS investigation can render two types of rulings. As described in Table 3, the first is an “unfounded” ruling where insufficient credible evidence shows that an act of abuse or neglect was perpetrated against a child. The second categorical ruling is known as “substantiated.” It means that sufficient, credible evidence shows that an act of maltreatment was committed against a child.

Table 3

*Investigation Rulings for Child Abuse and Neglect, New Jersey*

Term	Definition
Unfounded	Insufficient credible evidence supports a showing that an act of abuse or neglect was perpetrated against a child.
Substantiated	Sufficient and credible evidence shows an act of maltreatment was committed.

Table 4 shows the total number of “substantiated” abuse and neglect findings for New Jersey during its participation in both the 2004 and 2009 CFSRs. The 10 New Jersey counties listed in Table 4 represent five counties selected for the second phase (on-site reviews) of both the 2004 and 2009 CFSRs and five that were not. Essex County, for example, was selected for the on-site portion of the CFSRs in 2004 and 2009. Atlantic and Ocean Counties were selected in 2004. Gloucester and Somerset Counties participated in the 2009 CFSRs. The five counties that were not selected for the 2004 or 2009 CFSRs are shown in bold print and include Bergen, Middlesex, Monmouth, Cumberland, and Mercer Counties. The additional five counties were included in Table 4 because (aside from those counties that were selected during both years) they



represented the five largest counties in New Jersey in terms of the size of their population. The total number of “substantiated” investigative rulings for acts of child abuse and neglect committed against children in New Jersey increased from 6,902 in 2004 to 9,286 in 2009.

Table 4

*Substantiated Child Abuse and Neglect Findings by New Jersey County, 2004 and 2009*

County	Total 2004	Total 2009
Essex County	869	1,044
Atlantic County	332	413
Ocean County	470	388
Gloucester County	271	390
Somerset County	219	302
<b>Bergen County</b>	347	483
<b>Middlesex County</b>	443	678
<b>Monmouth County</b>	426	537
<b>Cumberland County</b>	265	406
<b>Mercer County</b>	357	392
State Total	6,902	9,286

The organization and design of Table 6 is identical to that of Table 4 but represents Maryland, which was also selected for participation in the 2004 and 2009 CFSRs. The data collected and recorded by Maryland during the first phase (Statewide Assessments) of their CFSRs are represented in Table 6. CPS workers investigating allegations concerning crimes

committed against children reach one of three decisions described in Table 5 after completing their investigations. In Maryland, a “ruled out” decision means that there was no credible evidence that clearly indicated an act of abuse or neglect was committed against a child. An “unsubstantiated” ruling meant that, although no definitive piece of physical evidence indicated that physical abuse or neglect had occurred to a child, witnesses interviewed during the investigation and the worker’s own intuition and clinical assessment suggested that it was likely maltreatment had occurred. Lastly, an “indicated” ruling was given when evidence collected during the investigation clearly showed that acts of physical violence and neglect had been committed. The information provided in Table 6 shows the number of indicated and unsubstantiated abuse and neglect findings for Maryland during their 2004 and 2009 CFSRs.

Table 5

*Investigation Rulings for Child Abuse and Neglect, Maryland*

Term	Definition
Ruled out	No credible evidence clearly indicates a particular act of abuse or neglect was committed against a child.
Unsubstantiated	A ruling meaning that, although no definitive piece of physical evidence indicated that physical abuse or neglect had occurred to a child, witnesses interviewed during the investigation and the worker’s own intuition and clinical assessment suggested that it was likely maltreatment had occurred.
Indicated	Evidence collected during the investigation clearly showed that acts of physical violence and neglect had been committed.

The 10 Maryland counties shown in Table 6 represent five counties that were selected for the second phase of the 2004 and 2009 CFSRs and five that were not. The City of Baltimore was

chosen for both the 2004 and 2009 CFSRs. In 2004, Anne Arundel and Allegany Counties were also selected for the 2004 CFSRs. Baltimore County and Charles County were selected for the 2009 CFSRs. The five counties in bold print—Montgomery, Prince George’s, Howard, Harford, and Frederick—were not selected but are represented in the table because they were five of the largest and most populous counties in Maryland during both years. Although the total number of indicated and unsubstantiated abuse and neglect findings in Maryland decreased slightly from 2004 to 2009, the average number for both types of maltreatment remained high at 11,381.

Table 6

*Indicated and Unsubstantiated Child Abuse and Neglect Findings by Maryland City or County, 2004 and 2009*

City or County	Total 2004	Total 2009
City of Baltimore	3,347	3,380
Anne Arundel County	851	387
Allegany County	261	430
Baltimore County	1,099	1,047
Charles County	255	187
<b>Montgomery County</b>	1,057	1,047
<b>Prince George’s County</b>	1,436	1,422
<b>Howard County</b>	278	158
<b>Harford County</b>	529	258
<b>Frederick County</b>	566	381
State Total	11,906	10,856

The demographic data represented in Tables 4 and 6 showed that crimes of abuse and neglect committed against children (between the ages of 0 and 17) were an ongoing societal problem in communities throughout New Jersey and Maryland. The methods each state employed to identify, define, and address these two types of maltreatment differed, but they shared the burden of responsibility associated with ensuring that their decisions would help protect those children who were victimized while attempting to prevent such acts of violence from happening again. The total number of abuse and neglect findings in 2004 and 2009 was higher in Maryland than New Jersey and, as will be demonstrated in Table 8, Virginia as well.

Like New Jersey and Maryland, Virginia was also selected for participation in the 2004 and 2009 CFSRs. As indicated in Table 7, Virginia has incorporated two categorical ratings into every decision made by CPS workers at the conclusion of their child abuse and neglect investigations. A “founded” ruling indicates there was credible and irrefutable evidence that such acts of maltreatment were committed against a child. An “unfounded” decision simply meant that there was not sufficient evidence to declare that an allegation for abuse or neglect had occurred. The CPS workers also completed a three-tiered risk matrix (that included high, moderate, and no-risk categorical ratings) to justify their decisions for rendering a “founded” or “unfounded” ruling at the end of their investigations. The data provided in Table 8 represented the total number of “founded” abuse and neglect findings for Virginia during its 2004 and 2009 CFSRs.

Table 7

*Investigation Rulings for Child Abuse and Neglect, Virginia*

Term	Definition
Founded	Credible and irrefutable evidence indicated that an act of maltreatment was committed against a child.
Unfounded	Insufficient evidence existed to declare that a particular allegation for abuse or neglect had occurred.

The 10 Virginia counties in Table 8 represent five counties that were selected for the on-site portion (second phase) of the 2004 and 2009 CFSRs and five that were not. Fairfax County was selected for the CFSRs conducted during both years. In 2004, Bedford County and the City of Norfolk were also selected to participate in the CFSRs. The City of Hampton and Tazewell County were selected for the 2009 CFSRs. The five counties in bold print are Prince William, Chesterfield, Loudoun, Henrico, and Arlington Counties; they were not chosen but are represented in Table 8 because they were five of the largest and most populous counties in Virginia in 2004 and 2009. The total number of “founded” abuse and neglect findings in Virginia had decreased by only 642 from 2004 to 2009 and accounted for an average of about 6,555 findings during both years. As stated earlier, states also collected and recorded data related to those children living within their jurisdictional boundaries who were living in foster care. The next several paragraphs will examine these data provided to the ACF at the DHHS by the states during the first phase (Statewide Assessments) of their CFSRs.

Table 8

*Founded Child Abuse and Neglect Findings by Virginia City or County, 2004 and 2009*

City or County	Total 2004	Total 2009
Fairfax County	247	182
Bedford County	46	81
City of Norfolk	439	363
City of Hampton	152	183
Tazewell County	84	15
<b>Prince William County</b>	343	427
<b>Chesterfield County</b>	101	61
<b>Loudoun County</b>	39	67
<b>Henrico County</b>	251	125
<b>Arlington County</b>	82	71
State Total	6,876	6,234

The aggregate data that pertained to those children who were already living in foster care or preparing to be adopted were recorded in AFCARS by the individual states. As with NCANDS, the states were responsible for collecting and recording the number of children who were placed in a foster home and adopted. As explained later in this chapter, the directors of local departments of social services were charged with making sure such an important task was exercised efficiently and expeditiously. The ultimate responsibility, however, lies with a director of child-welfare programs at the state level who (in the case of New Jersey and Virginia) reports directly to a state commissioner and, in Maryland, to the governor. Federal stakeholders from the

Children's Bureau were responsible for monitoring the progress states made in collecting and maintaining these data and reporting them to the DHHS. The specific organizational structure of the governing bodies in the three states will be discussed later but mentioned briefly now to describe who is responsible for evaluating and maintaining these data at the state level. Tables 9, 10, and 11 will examine data that pertained to children placed in foster homes in 2004 and 2009. As previously illustrated, each table will look at those counties that participated in both the 2004 and 2009 CFSRs in New Jersey, Maryland, and Virginia and five others that were not selected.

Tables 9, 10, and 11 represent the total number of children (ages 0–17) who were living in a foster home during fiscal years 2004 and 2009 within a specific geographical location in New Jersey, Maryland, and Virginia. Three possible scenarios can explain why children leave their foster-care placements. Some children are reunited with their biological parents because a local department of social services has deemed such a living arrangement to be safe and in the best interest of the child. Other children are adopted by families who may or may not be relatives. A third reason is that some children age-out of foster care when they turn 18 and move into independent living arrangements coordinated between local departments of social services and other community resources that help facilitate such a transition. The raw numbers depicted in Tables 9, 10, and 11 represent the total number of children who remain living in foster homes.

In Table 9, the counties that appear in bold typeface (i.e., Bergen, Middlesex, Monmouth, Cumberland, and Mercer Counties) were not selected but are represented in the table because they were five of the largest, most populous counties in 2004 and 2009. Essex County had been selected for the CFSRs conducted in 2004 and 2009, while Atlantic and Ocean Counties were selected for the 2004 CFSRs. Gloucester and Somerset Counties were the other two counties that

participated in the 2009 CFSRs. Overall, the total number of children in foster care in New Jersey decreased from 2004 to 2009.

Table 9

*Foster-care Placements by New Jersey County, 2004 and 2009*

County	Total 2004	Total 2009
Essex County	3,092	1,875
Atlantic County	395	293
Ocean County	560	489
Gloucester County	287	304
Somerset County	171	164
<b>Bergen County</b>	340	305
<b>Middlesex County</b>	702	433
<b>Monmouth County</b>	624	418
<b>Cumberland County</b>	394	268
<b>Mercer County</b>	582	448
State Total	11,838	7,802

Unlike New Jersey, the number of children living in foster homes increased between 2004 and 2009 in Maryland, as shown in Table 10. As previously described in Table 6, the City of Baltimore was selected twice to participate in the on-site portion (second phase) of the CFSRs conducted in 2004 and 2009. Anne Arundel and Allegany Counties were also selected in 2004. Baltimore County and Charles County participated in the 2009 CFSRs. Although Montgomery,



Prince George's, Howard, Harford, and Frederick Counties were not selected for participation in the CFSRs during either year, their results were included in Table 10 as a point of reference for analyzing the reasons that they were excluded in the next chapter.

Table 10

*Foster-care Placements by Maryland City or County, 2004 and 2009*

City or County	Total 2004	Total 2009
City of Baltimore	1,971	5,152
Anne Arundel County	122	158
Allegany County	68	99
Baltimore County	424	607
Charles County	27	109
<b>Montgomery County</b>	244	568
<b>Prince George's County</b>	201	607
<b>Howard County</b>	55	75
<b>Harford County</b>	123	296
<b>Frederick County</b>	133	175
State Total	3,880	7,047

Table 11 uses the same criteria described in Table 10 to show the demographic characteristics of children living in foster care in Virginia during both years. Virginia's total population was larger than Maryland's population by about 2 million residents in 2004 and 2009 (American Community Survey, U.S. Census Bureau, 2004 and 2009). It was interesting to see,

however, that Virginia experienced a decrease and Maryland an increase in the number of children who were living in foster homes during both years. As previously described in Table 8, several counties had a larger population and number of children who were abused and neglected than some that were selected but did not participate in the CFSRs. The same trend exists in Table 11 as it relates to those children living in foster care. Like Essex County in New Jersey and the City of Baltimore in Maryland, choosing Fairfax County to participate in both the 2004 and 2009 CFSRs may or may not be justified based on the number of children living in foster care throughout other jurisdictions.

Table 11

*Foster-care Placements by Virginia City or County, 2004 and 2009*

City or County	Total 2004	Total 2009
Fairfax County	403	308
Bedford County	68	52
City of Norfolk	368	241
City of Hampton	204	47
Tazewell County	137	69
<b>Prince William County</b>	161	84
<b>Chesterfield County</b>	111	95
<b>Loudoun County</b>	44	79
<b>Henrico County</b>	147	100
<b>Arlington County</b>	143	110
State Total	7,317	5,923

### **Section 3. On-Site Reviews**

As described in Table 2, states' performance on the nine child safety and family outcomes items varied among New Jersey, Maryland, and Virginia. The criteria used to evaluate specific items during their on-site reviews corresponded to existing federal mandates administered by the DHHS and monitored by the regional administrators representing the ACF. The ACF is part of the DHHS and is responsible for ensuring states' successful implementation of child-welfare programs. Ten ACF regional offices exist throughout the country, as Table 12 shows. New Jersey is a member of Region 2, and Maryland and Virginia belong to Region 3. The profile for each region varies and represents different geographical locations that include states and U.S. territories: Region 2 includes New Jersey, New York, Puerto Rico, and the Virgin Islands; Region 3 includes Delaware, the District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia. Regions 2 and 3 are headquartered in New York City and Philadelphia, respectively.

Matland (1995) developed several definitions to describe the ingredients necessary for successfully implementing a program. The first requirement is the level of compliance exercised by an organization in abiding by existing goals, objectives, and directives outlined in current state statutes. The administration and implementation of child-welfare services at the local and state levels are governed by laws that define and legitimize the policies and procedures used to guide the delivery of these services. For example, the criteria each state has established to define timeliness of investigations (Appendix B, Item 1) vary among the three states examined in the study. In Maryland, the statute governing completion of abuse and neglect reports by the investigative unit at local departments of social services (Md. Code Ann. § 5-706) was between

10 and 30 days. In New Jersey, a CPS investigator from the Department of Children and Families (NJDCF) has up to 60 days to investigate as outlined in N.J. Admin. Code § 10:129-5.3(a). Virginia Code § 63.2-1505 states that investigations must be completed within 45 to 60 days.

Table 12

*ACF Regional Offices*

Region	Regional Office Headquarters	States
1	Boston	Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont
2	New York	<b>New Jersey</b> , New York, Puerto Rico, Virgin Islands
3	Philadelphia	Delaware, District of Columbia, <b>Maryland</b> , Pennsylvania, <b>Virginia</b> , West Virginia
4	Atlanta	Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee
5	Chicago	Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin
6	Dallas	Arkansas, Louisiana, New Mexico, Oklahoma, Texas
7	Kansas City	Iowa, Kansas, Missouri, Nebraska
8	Denver	Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming
9	San Francisco	Arizona, California, Hawaii, Nevada, American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Marshall Islands, Republic of Palau
10	Seattle	Alaska, Idaho, Oregon, Washington

Matland (1995) also pointed to the fact that the successful implementation of any program depends on the ability of an organization to achieve those goals specified in existing policies and procedures at the local level. For example, to determine whether a local social-services agency has been effective in implementing child-welfare programs requires examining specific items or indicators of success. Matland (1995) stated that in addition to success indicators, the political climate surrounding a program is also influential in helping to determine the quality and quantity of resources allocated for their implementation.

Table 13 shows specific criteria developed by federal stakeholders from the DHHS to evaluate how well New Jersey, Maryland, and Virginia performed in implementing the nine child safety and family outcomes items during the second phase (on-site reviews) of the CFSRs. Five of the nine child safety and family outcomes items examined in the study for New Jersey, Maryland, and Virginia are represented in the table and include foster-care re-entries (Item 5), stability of foster-care placement (Item 6), permanency goal for child (Item 7), reunification, guardianship, or permanent placement with relatives (Item 8), and adoption (Item 9). The definition used to describe the criteria a state must achieve for each of the items to receive a strength rating of 90% is also represented. The 90% cutoff score means that at least 90% of the total cases reviewed for a particular item met all of the corresponding criteria and thus received a strength rating during the on-site reviews. The purpose of the table was to show that clear, concise, and universal criteria were used for New Jersey, Maryland, and Virginia to determine how well they implemented specific child-welfare services.

Table 14, on the other hand, revealed some inconsistencies related to the criteria used to evaluate select child safety and family outcomes among the three states. Table 14 presents four

of the nine child safety and family outcomes examined for New Jersey, Maryland, and Virginia. The criteria used by federal stakeholders during the second phase of the CFSRs to evaluate the states' effectiveness in implementing their child-welfare programs are also represented. As described in Table 13, a state must achieve all of the conditions related to the criteria established for each specific item in 90% of the cases reviewed to receive a "strength" rating. The criteria used to evaluate states' performance for repeat maltreatment (Item 2) varies among the three states. The criteria used to evaluate Item 2 is identical for Maryland and Virginia but different for New Jersey. Unlike Maryland and Virginia, New Jersey qualifies a previous report of maltreatment as that which involved the same perpetrator.

Table 13

*CFSRs Strength Rating Criteria for Outcome Measures*

Item	Child Safety and Family Outcomes	Strength Rating Criteria
5	Foster-care re-entries	Child's entry into foster care during the period under review did not take place within 12 months of discharge from a prior episode.
6	Stability of foster-care placement	The child did not experience a placement change during the period under review or any placement changes were in the child's best interest, such as moving to a relative's home, to an adoptive placement, or to a therapeutic foster home.
7	Permanency goal for child	The child's permanency goal was appropriate and had been established in a timely manner.
8	Reunification, guardianship, or permanent placement with relatives	Diligent efforts were being made to achieve the child's permanency goal in a timely manner.
9	Adoption	The goal of adoption had been achieved in a timely manner.

Table 14

*CFSRs Strength Rating Criteria for Outcome Measures*

States	Item	Strength Rating Criteria
MD, VA	2	<p>There was a substantiated maltreatment report involving the family prior to the period under review but no substantiated or indicated report during the period under review.</p> <p>There was a substantiated maltreatment report involving the family during the period under review but no substantiated or indicated report within 6 months of that report.</p>
NJ	2	There was no substantiated or indicated report within 6 months of a previous report that involved the same perpetrator.
NJ, MD, VA	4	<p>The risk of harm to children was appropriately managed by removing the children from the home either prior to or during the period under review and seeking termination of parental rights.</p> <p>The risk of harm to children was appropriately managed by providing services to families to address risk concerns while the children remained in the home.</p> <p>The risk of harm to children was appropriately managed by removing the children from the home either prior to or during the period under review and providing services to the family.</p>
NJ, MD	4	The risk of harm was appropriately managed by placing children voluntarily with relatives to prevent foster-care placement.
MD	4	The risk of harm to children was appropriately managed by preventing contact between the child and the perpetrator.
NJ	4	The risk of harm to children was appropriately managed by removing the perpetrator from the home.
NJ	4	The risk of harm to children in foster-care was appropriately managed by providing services to the foster parents to address maltreatment allegations or by removing the child from the placement.

Table 14 (Con't)

States	Item	Strength Rating Criteria
NJ, MD	10	The child was in a planned permanent living arrangement that met his or her needs or that the child was nearing emancipation and was receiving appropriate services.
VA	10	The children were receiving appropriate services and the foster-care placement was stable.
NJ, MD	15	The child's current, or most recent placement, during the period under review was with a relative, and it was determined that the agency made diligent efforts to search for and evaluate both maternal and paternal relatives when relevant.
VA	15	The agency had made diligent efforts to search for both maternal and paternal relatives whenever possible.

The criteria used to define and measure states' performance for the risk of harm to children (Item 4) is larger and more comprehensive than that for Items 2, 10, or 15. Three of the seven criteria used to evaluate Item 4 were shared by all three states. New Jersey and Maryland shared one criterion that described the risk of harm to children as being appropriately managed by voluntarily placing children with relatives to prevent foster-care placement. Maryland had another criterion to evaluate the same item, while New Jersey had two additional criteria. New Jersey and Maryland shared the same criteria to rate other planned living arrangements (Item 10), while Virginia relied on a more narrow interpretation as a reference point for the same child safety and family outcomes. Similarly, the criterion used to evaluate relative placement (Item 15) in Virginia was clearly understood and concise, but the scope of responsibility for ensuring the successful implementation of the item was narrower than that used in New Jersey and Maryland.



The purpose of Section 3 was to examine the data collected by federal stakeholders during the second phase of the CFSRs. States' performance on the nine child safety and family outcomes were closely examined to determine how well each did individually and collectively in implementing specific aspects of child-welfare services.

The organizational structure and roles of the regional ACF offices that serve as intermediaries between the DHHS and the states themselves during the CFSRs were also examined. It was discovered that the ACFs influenced the development of state statutes that created the policies and procedures adopted and implemented by stakeholders (e.g., legislators, administrators, court officials) at the state and local levels. Third, the criteria that guided the evaluation of each of the nine items examined in the study were compared and contrasted among New Jersey, Maryland, and Virginia. As indicated earlier in this chapter, there were variations among the three states as they related to how they organized, prioritized, and allocated resources in their pursuit of providing quality services to the children and families they served. Section 4 will examine steps taken by the three states to address the deficiencies identified at the conclusion of the second phase of the CFSRs.

#### **Section 4. Program Improvement Plan (PIP)**

The PIP is the third and final phase of the CFSRs. The PIP's purpose is to afford the states an opportunity to address any deficiencies identified in the first and second phases of the CFSRs for specific child safety and family as well as systemic outcomes. The states are required to "submit their PIP to the ACF within 90 calendar days from the date that the state received written notification that it was not operating in substantial conformity," according to the federal

Program Improvement Plans Rule (2001). “Substantial conformity” means that a state did not achieve federal mandates for child safety and family outcomes as well as systemic criteria established by the DHHS in at least 95% of the cases reviewed during CFSRs.

There is no specified time frame for when the ACF reviews and eventually approves the PIP submitted by the states. According to existing federal regulations, if ACF notifies the state that the PIP is unacceptable, then the state has 30 calendar days to resubmit the plan for approval. Moreover, “states must submit status reports to the Administration for Children and Families on a quarterly basis, and the PIP must be implemented in two years” (Program Improvement Plans Rule, 2001). Table 15 shows the specific timelines for each of the three CFSR phases that pertain to New Jersey, Maryland, and Virginia.

As of June 15, 2012, all 50 states, Washington, D.C., and Puerto Rico had completed their first round of CFSRs as well as their PIP as needed within the required 2-year time frame. Although other states like Colorado, Hawaii, Illinois, Maine, Michigan, Nevada, and South Carolina, for example, had also participated in the 2009 CFSRs, Table 15 only reveals information pertaining to the three states examined in the study and their participation in the 2004 and 2009 CFSRs. As Table 15 demonstrates, great variation exists among the three states with regard to the amount of time it takes federal stakeholders to produce a final report after the on-site reviews are completed. In 2004, the Region 3 ACF office took 9 months to produce its final report after completing the on-site reviews for Virginia. In 2009, however, Virginia completed its final report with the quickest response time.

Table 15

*CFSRs Timelines for New Jersey, Maryland, and Virginia, 2004 and 2009*

Year	CFSR On-Site Review Date	Final Report Date	Date PIP Due	PIP Start Date	PIP Implementation End Date	PIP Completion Yes/No	PIP Final Closeout Date	Next CFSR
New Jersey								
2004	3/22/04	5/5/04	8/3/04	10/1/04	9/30/06	Yes	1/21/09	3/30/09
2009	3/30/09	9/28/09	11/25/09	4/1/10	3/31/12	No	TBD	FY 2014
Maryland								
2004	11/17/03	6/9/04	9/8/04	3/25/05	3/24/07	Yes	12/23/08	6/15/09
2009	6/15/09	1/26/10	4/5/10	4/15/11	4/14/13	No	TBD	FY 2016
Virginia								
2004	7/7/03	4/21/04	7/20/04	2/1/05	1/31/07	Yes	8/26/08	7/13/09
2009	7/13/09	12/31/09	2/22/10	10/1/10	9/30/12	No	TBD	TBD

As stated earlier, the states have up to 90 days to submit their PIPs to ACF for approval once they receive written notification from the ACF that they were not in substantial conformity with federal mandates. Table 15 shows that all three states complied with that federal mandate at the conclusion of the 2004 and 2009 CFSRs. As outlined in the federal Program Improvement Plans Rule (2001), a PIP must be completed and submitted to ACF by a state within a 2-year period. In 2004, all three states were in conformance with the federal mandate, but in 2009, none

of them were. As explained in the next paragraph, states that fail to meet the federal mandate for completing their PIPs in a timely manner must face serious financial consequences.

The Children's Bureau "has primary responsibility for administering laws passed by Congress relating to child welfare and, in particular, oversight of federal funding to states for child-welfare services under Titles IV-B and IV-E" of the Social Security Act (Edwards, 2007, p. 8). The Children's Bureau works collaboratively with ACF to closely monitor states' progress in completing and implementing their PIPs. Essentially, federal funds allocated to help states administer and implement their child-welfare government programs are withheld "based on the number of CFSR outcomes and systemic factors for which a state does not achieve substantial conformity" (National Conference of State Legislatures, 2005, p. 4). The penalties imposed upon states are detrimental to the quality of social service programs designed to help protect children and families because there is a reduction in the number of monetary resources available to sustain such programs. In the end, states' compliance with the federal mandates surrounding their PIPs is critical because they provide an opportunity for them to work toward improving their current practices in providing child-welfare services while avoiding the financial penalties that could hinder their ability to do so.

As already stated and demonstrated in Table 2 earlier in this chapter, seven of the nine child safety and family outcomes examined in the study did not improve for New Jersey, Maryland, and Virginia during their 2004 and 2009 CFSRs. The child safety and family outcome measures included risk of harm to children (Item 4), stability of foster-care placement (Item 6), permanency goal for a child (Item 7), reunification, guardianship, and placement with relatives (Item 8), adoption (Item 9), other planned living arrangements (Item 10), and relative placement

(Item 15). Table 15 revealed that all three states failed to achieve an overall substantial conformity (rating of 95%) to existing federal mandates after all of their cases were reviewed during the second phase of the CFSRs in 2004 and 2009. As a result, they had to develop a PIP and submit it to the ACF.

Table 16 shows specific plans of action outlined in the PIPs developed by New Jersey, Maryland, and Virginia at the conclusion of their 2004 and 2009 CFSRs. Four common responses were generated among the three states and addressed in their PIPs. The responses represented a process for improving their delivery of child-welfare services. They supported systemic approaches that included more family and community involvement. For example, all three states sought to develop family meetings as a way of encouraging more input from families (including children) when deciding what is in the best interest of the child. Each state had different names for the meetings, but their intent and ultimate goal was the same. New Jersey, Maryland, and Virginia also sought a need to develop and improve their quality-assurance practices. In New Jersey, a continuous quality-improvement process was created to review 80 case records at eight different local departments of social services throughout the state as a way of identifying problems associated with current practices.

Maryland wanted to revise its current quality-assurance system by requiring that client case records at two local departments of social services be reviewed each quarter and that all social-services agencies throughout the state participate in such reviews at least once during a 3-year period. Virginia focused on developing a quality service review system as a method for assessing current practices exercised by child-welfare workers while providing them with a tool for improving any deficiencies identified during the process.

Table 16

*State PIP Goals and Objectives, 2009*

State	PIP Goals and Objectives
New Jersey	<p>Initiate family team meetings (FTMs).</p> <p>Create a continuous quality-improvement process at each area office.</p> <p>Develop a comprehensive child-welfare information management system: NJ Spirit.</p> <p>Design a series of seminars called “Public Catalyst for Child Welfare Workers.”</p>
Maryland	<p>Develop family involvement meetings (FIMs).</p> <p>Revise a quality-assurance system at local department of social services.</p> <p>Improve to CHESSIE system for additional child-welfare data gathering.</p> <p>Develop training for supervisors and adoption workers and revise foster parent training.</p>
Virginia	<p>Create family group decision-making meetings (FGDMs).</p> <p>Develop a quality services review system improvement tool.</p> <p>Develop safe measures for greater access to OASIS child-welfare data system and Virginia Child Welfare Outcomes Reporting utility for foster care and adoption.</p> <p>Restructure the child-welfare competency training across Virginia.</p>

There was also a consensus among the three states to develop and improve their child-welfare data collection and management systems. New Jersey developed a new and more comprehensive child-welfare information management system known as NJ Spirit. Maryland made some improvements in the way its Children’s Electronic Social Services Information Exchange (CHESSIE) system retrieves and stores demographic data for its clients. Virginia

developed safe measures that allow child-welfare workers greater access to their current OASIS data base system and incorporated the Virginia Child Welfare Outcomes Reporting utility feature that focuses on foster-care and adoption data. As described in Table 16, all three states embraced the need to create and improve training for child-welfare workers and their supervisors. In Virginia, there were also projected improvements in the training provided to foster parents. The next three paragraphs will describe the different approaches and measures these three states adopted to address the unique needs of their at-risk youth and families.

In New Jersey, the DCF identified the need to address the growing domestic violence that existed among families receiving services from local social-services agencies after the 2009 CFSRs were completed. As a result, it created domestic violence liaisons that were co-located with the Division of Youth and Family Services as well as in local department of social-services offices. The intent was to educate children and families directly affected by such violence while providing supportive services designed to prevent its recurrence.

In Maryland, there were two additional measures incorporated into its PIP in 2009. The first addressed the need to develop a safety assessment instrument known as the Child and Adolescent Needs and Strengths tool that could be used by front-line workers and management to “determine the appropriateness and level of out-of-home placement and services intervention” (Maryland PIP, 2009, p. 9). Second, the MDHR sought the need to develop the Family Kin Connections program to promote stability and permanence in the lives of children and their families by providing relatives with supportive services that could help prevent the placement of at-risk youth in foster care.

Like New Jersey, Virginia had one additional goal and objective that was not shared by the other two states during the implementation of its PIPs. Its focus was in improving the timeliness and quality of services rendered by front-line staff during child abuse and neglect investigations. Virginia sought to make these improvements by implementing a process known as structured decision making in 30 different social-services agencies. The process was designed to improve the current policies and tools related to “the acceptance, prioritization, and response times of reports of maltreatment” (Virginia PIP, 2009, p. 8).

## **Summary**

The results identified and discussed in this chapter provided relevant data to federal stakeholders about how well New Jersey, Maryland, and Virginia performed during their CFSRs in 2004 and 2009. All three phases of the CFSR process were examined and revealed several inherent problems and challenges associated with the CFSRs. One was the different types of nomenclature and meanings that defined investigative rulings among the three states during their Statewide Assessments. Section 3 of this chapter revealed that each of the three states had different state statutes governing the policies and procedures they exercised to implement specific aspects of their child-welfare services. Moreover, there were inconsistencies in how New Jersey, Maryland, and Virginia defined the criteria they used to rate the child safety and family outcomes during the second phase of the CFSRs. It was also discovered that the organizational structure and practices employed by the ACF regional offices among the states differed as well.



The final section of this chapter defined the goals and objectives shared by all three states to address the deficiencies identified during the first two phases of the process. More importantly, it also showed the differences in how each state assembled and prioritized what they were going to do to improve the delivery of child-welfare services and how they intended to do it. The results discovered in this chapter will be thoroughly analyzed in Chapter 5 using select demographic and economic data and applying the theoretical framework developed by Julnes (2009). In the end, the goal will be to develop concrete and measurable explanations for those challenges introduced in this chapter while providing solution-focused recommendations for improving the current CFSR process.

## CHAPTER 5

### ANALYSES, CONCLUSIONS, AND RECOMMENDATIONS

#### **Overview**

As mentioned in the previous chapter, the Statewide Assessments conducted by states during the first phase of the CFSRs provided critical data that federal stakeholders used to determine which geographical locations within each state would be selected for the on-site portion of the evaluations. The census data extracted from NCANDS and AFCARS provided “greater credibility when conducting a needs analysis” (McKillip, 1987, p. 97). The data also helped to identify and establish what McKillip (1987) referred to as a risk-factor analysis. Federal stakeholders used these tools to assess the level of risk that had a direct impact on the safety and well-being of children living in various communities throughout New Jersey, Maryland, and Virginia. They also afforded the evaluators with an opportunity to determine how they were going to allocate and prioritize their resources to maximize efficiency during the second phase of the CFSR process.

Needs and risk-factor analyses will be employed in this chapter using demographic and economic data that will examine how well federal stakeholders did in applying relevant data introduced in the previous chapter. These tools will also expose some of the challenges experienced by not only federal stakeholders conducting the CFSRs but also by local and state government officials tasked to implement child-welfare programs. The cumulative knowledge

derived from these analyses will structure the conclusions and recommendations tailored to examine both questions in the study.

Julnes (2009) developed a theoretical framework that helps to predict the implementation of performance measures such as the CFSRs. Results in the previous chapter demonstrated how New Jersey, Maryland, and Virginia performed during the on-site portion (Phase 2) of the CFSRs. The four variables that she advanced were instrumental in influencing the results manifested by the states during the second phase of the CFSRs.

The first is the rational/technocratic factor and refers to the lack of expertise and resources as well as availability of information within an organization. The second variable is the culture that exists within an organization. An example of this would include how employees of an organization embrace change. The third factor in Julnes's (2009) theoretical framework is the external interest groups and included city managers, county administrators, city councils, governors, state administrators of social services, ACF regional directors, mayors, legislatures, court officials, DHHS officials, and county boards. The fourth and final factor is the internal interest groups that include directors of local departments of social services, its employees, and union representatives who are all influential in shaping the level of states' implementation of their child-welfare government programs. All four variables represent challenges to local and state government officials that strive to ensure successful implementation of such programs. They also pose challenges to the federal stakeholders from the Children's Bureau and ACF who assess states' performance in implementing these programs.

## **Section 1. Rational/Technocratic**

Federal stakeholders working for the ACF at the DHHS were responsible for thoroughly reviewing and analyzing all demographic data provided by states in their Statewide Assessments as a basis for selecting the geographical locations to be included in the critical and comprehensive second phase of the CFSRs. Results introduced in Chapter 4 provided demographic data that helped federal stakeholders identify where the greatest need for child-welfare government program services existed. They also helped to establish whether such services were reaching their intended population of at-risk youth and their families living in different communities throughout New Jersey, Maryland, and Virginia. Results examined in the previous chapter provided relevant data that federal stakeholders could use to evaluate states' level of success in implementing their child-welfare government programs. However, federal stakeholders could have examined and used additional demographic and economic data to develop more accurate and useful performance measures during the CFSRs. Subsequent paragraphs in this section will provide additional data that could have been included in the development of a more comprehensive plan of action exercised by federal stakeholders when selecting specific sites within the three states to participate in the second phase of the CFSRs.

As Julnes (2009) described, knowing what data needed to be collected, determining whether the data were valid and reliable, and knowing how to analyze and interpret the data were essential ingredients for ensuring that performance measures such as the CFSRs achieved maximum efficiency (pp. 172–173). As previously mentioned, the results described in Chapter 4 provided relevant data to federal stakeholders working for the ACF within the DHHS at the conclusion of the first phase of the CFSRs (Statewide Assessments). A more thorough analysis

of these demographic data, however, would show that federal stakeholders at both the Children's Bureau and the ACF could have used the data they collected more efficiently during the first two stages of the CFSRs. Moreover, both federal agencies could have sought and collected additional demographic and economic data that would have provided them with more tangible and concrete evidence to support rational decisions about which sites should participate in the on-site portion of the CFSRs. Data collected and used by federal stakeholders during the CFSRs will be joined by additional demographic and economic data introduced and analyzed in this chapter to show how and why it affects the development and execution of performance measures such as the CFSRs.

Blakley (2006) showed that population size and density were key elements for choosing localities in Virginia, for example, to study how risk factors within communities contributed to crimes such as those committed against children. Table 4 (in Chapter 4) revealed there were 390 abuse and neglect findings in Gloucester County and 302 in Somerset County, New Jersey in 2009. Both were selected to participate in the 2009 CFSRs, despite having lower numbers of abuse and neglect findings than two other more populated counties (Bergen and Middlesex Counties) that were not selected. As demonstrated in Table 17, Bergen County represented the largest population in New Jersey in 2009. Bergen County and Middlesex County had a larger population than Gloucester County and Somerset County but were not selected by federal stakeholders to participate in the 2009 CFSRs. Table 9 in the previous chapter revealed there were more foster-care placements in Bergen and Middlesex Counties than in Gloucester and Somerset Counties in 2009.

As described in Table 17, Montgomery County and Prince George's County represented the two largest counties (in terms of population) within Maryland in 2009. However, neither of them was selected to participate in the 2009 CFSRs. As indicated in Table 6 in Chapter 4, both had a larger number of children who were abused and neglected than Charles County that was selected by federal stakeholders at the ACF in the DHHS to participate in the 2009 CFSRs. Montgomery County had 409 more children living in foster care than there had been in Charles County in 2009. Prince George's County had 498 more children in foster care than Charles County that year as well. Although Charles County had a population that was eight times smaller than that of Montgomery County and seven times smaller than Prince George's County and had fewer abused and neglected children as well as children living in foster care in 2009, it was chosen to participate in the CFSRs that year.

Table 17 also provides information about the population of seven different counties in Virginia in 2009. Aside from Fairfax County, which was selected to participate in both the 2004 and 2009 CFSRs, Prince William and Chesterfield Counties had the second and third largest population respectively in the entire state of Virginia. Neither, however, was chosen to participate in the CFSRs. As described in Table 8 of the previous chapter, both counties had more children who were abused and neglected in 2009 than Tazewell County but were not considered for the CFSRs. The results represented in Table 11 of the previous chapter also showed that both Prince William County and Chesterfield County had more children living in foster care than Tazewell County in 2009.

The previous three paragraphs focused on population density, number of abused and neglected children, and children living in foster care among various counties in New Jersey,

Maryland, and Virginia. The purpose was to show why it is important for states conducting their Statewide Assessments during the first phase of the CFSRs as well as federal stakeholders who evaluated their performance during the on-site portion (second phase) of the CFSRs to collect as much data as possible before making key decisions. Four demographic and economic variables were applied to Julnes' (2009) rational/technocratic theoretical framework and they included: the total number of children who are between the ages of 0 and 14, the number of grandparents who have assumed parental roles as caregivers because their grandchildren's parents are unavailable or unwilling to care for them, the total number of one-parent households that have children who are younger than 18 years of age, and the total number of households that receive Supplemental Security Income (SSI), cash assistance, and food stamps (SNAP) in communities throughout New Jersey, Maryland, and Virginia.

Like Blakley (2006), McKillip (1987) recognized the need for analyzing and applying demographic data related to population density when assessing the need for specific services within a community. As discussed in the previous paragraphs, Blakley (2006) focused on how population density could affect the level of risk within a community and thus contribute to crimes such as those committed against children. McKillip (1987) shared similar concerns but was more focused on how population size and density could be used to determine the extent to which services are needed within a community (pp. 62–63).

Results introduced in Chapter 4 demonstrated that many at-risk youth lived in New Jersey, Maryland, and Virginia in 2004 and 2009. Similar trends existed throughout the country. In 2004, for example, approximately 3 million child abuse and neglect cases were investigated by child-welfare workers in the United States (Jonson-Reid et al., 2007). As the literature

suggested, children's exposure to maltreatment has a profound negative impact not only on their physiological growth and development but also on their psychological, social, and emotional well-being (Felitti et al., 1998). For these reasons, it is necessary to analyze demographic data that identified who represented the most vulnerable segment of a population and where they resided in New Jersey, Maryland, and Virginia.

Table 17

*Population of Cities and Counties in New Jersey, Maryland, and Virginia, 2009*

New Jersey	Population	Maryland	Population	Virginia	Population
Essex County	769,644	City of Baltimore	637,418	Fairfax County	1,037,605
Gloucester County	289,920	Baltimore County	789,814	City of Hampton	144,236
Somerset County	326,869	Charles County	142,226	Tazewell County	44,907
<b>Bergen County</b>	<b>895,250</b>	<b>Montgomery County</b>	<b>971,600</b>	<b>Prince William County</b>	<b>379,166</b>
<b>Middlesex County</b>	<b>790,738</b>	<b>Prince George's County</b>	<b>834,560</b>	<b>Chesterfield County</b>	<b>306,670</b>
<b>Monmouth County</b>	<b>644,105</b>	<b>Howard County</b>	<b>281,884</b>	<b>Loudoun County</b>	<b>301,171</b>
<b>Mercer County</b>	<b>366,222</b>	<b>Harford County</b>	<b>242,514</b>	<b>Henrico County</b>	<b>296,415</b>
State Total	8,707,739	State Total	5,699,478	State Total	7,882,590



Table 18 shows that children (ages 0 to 14) represent the most vulnerable segment of the population in New Jersey, Maryland, and Virginia. It also reveals how many of these at-risk youth reside within specific geographical communities in the three states. The information represented in the table supported Julnes's (2009) argument for securing, analyzing, interpreting, and applying data to develop effective performance measures such as those found in the CFSRs. These data also reiterated and reinforced the concerns and challenges local and state government officials faced in implementing their child-welfare government programs. Federal stakeholders who performed the CFSRs faced challenges of their own that stemmed from not having sufficient data that could provide more insight about which communities represented the greatest need for child-welfare services. Table 18 shows that Gloucester and Somerset Counties were chosen to participate in the 2009 CFSRs but had fewer at-risk youth than Bergen and Middlesex Counties that were not chosen to participate in the 2009 CFSRs.

As analyzed earlier in this chapter, Bergen and Middlesex Counties had a larger number of children who were abused and neglected, had a larger number of children who were living in foster care, and had a total population that exceeded that of Gloucester and Somerset Counties in 2009. Again, the counties in bold print (i.e., Bergen, Middlesex, Monmouth, and Mercer Counties) were not selected to participate in the CFSRs. In 2009, Bergen County represented the largest number of at-risk youth up to the age of 14 in New Jersey. It had over 62,000 more at-risk youth than Essex County, which was selected to participate in both the 2004 and 2009 CFSRs. Both Bergen County and Middlesex County had a larger number of 0- to 14-year-olds than Gloucester and Somerset Counties, both of which were chosen for the 2009 CFSRs.

Table 18

*Population 0 to 14 Years of Age by State and City or County in New Jersey, Maryland, and Virginia, 2009*

New Jersey	Total	Maryland	Total	Virginia	Total
Essex County	161,516	City of Baltimore	111,887	Fairfax County	214,486
Gloucester County	57,675	Baltimore County	144,222	City of Hampton	25,861
Somerset County	65,942	Charles County	31,189	Tazewell County	7,556
<b>Bergen County</b>	<b>223,953</b>	<b>Montgomery County</b>	<b>190,123</b>	<b>Prince William County</b>	<b>94,558</b>
<b>Middlesex County</b>	<b>152,440</b>	<b>Prince George's County</b>	<b>169,677</b>	<b>Chesterfield County</b>	<b>66,567</b>
<b>Monmouth County</b>	<b>122,454</b>	<b>Howard County</b>	<b>59,987</b>	<b>Loudoun County</b>	<b>79,745</b>
<b>Mercer County</b>	<b>68,308</b>	<b>Harford County</b>	<b>49,635</b>	<b>Henrico County</b>	<b>61,308</b>

These analyses are important because they demonstrate how relevant and useful demographic data found in Table 18 were in providing guidance, insight, and options for federal stakeholders at the ACF when they selected which counties in New Jersey, Maryland, and Virginia should participate in the CFSRs. These additional data would also help provide guidance to federal stakeholders at the Children's Bureau and the states themselves about what information should be collected, analyzed, and maintained during the first phase (Statewide Assessments) of the CFSRs. An identical mode of analysis would be used to review similar data that pertained to Maryland.

Table 18 demonstrated that, although Montgomery County and Prince George's County were not chosen for either the 2009 or the 2004 CFSRs, they represented the highest population

of 0- to 14-year-olds. Table 18 also revealed that approximately 87% of all at-risk youth living in Maryland were between the ages of 0 and 14. Results from Tables 6 and 10 in Chapter 4 verified that both Montgomery County and Prince George's County had higher numbers of abused and neglected children as well as children living in foster care than Charles County. The additional data in Table 18 were relevant because they provided evidence that supported and justified a push for examining those counties in Maryland where there was a greater need to protect their most vulnerable segment of the population. Similar comparisons pertaining to Virginia will be entertained in the next paragraph and continue using 2009 demographic data because they represented the most recent CFSRs for all three states.

As previously indicated in Table 17, Tazewell County in Virginia had the smallest total population of any county in the entire state that year. Table 18 showed a similar trend with respect to those at-risk youth up to 14 years of age who lived there. Prince William County and Chesterfield County had significantly larger numbers of at-risk youth in 2009 but were not selected to participate in the CFSRs that year. As evident in Table 8 of Chapter 4, the number of at-risk youth who were abused and neglected in both Prince William and Chesterfield Counties was higher than Tazewell County in 2009. Moreover, the total number of those children living in both counties who were maltreated and then placed in foster care (see Table 11 in Chapter 4) by child-welfare workers at local departments of social services was higher than Tazewell County.

The data represented in Table 18 were useful because they provided additional information that could be combined with the results already revealed in the previous chapter to examine the level of risk that existed among children living in different communities throughout the three states. The data provided what McKillip (1987) referred to as "a description of the

target population” while helping to establish a measure that defined their needs (p. 10). Table 19 will introduce new demographic information that will shed more light on what Julnes (2009) describes as the need for accessing available data that could improve the implementation of performance measures while maximizing the quality of child-welfare services provided to those with the greatest need.

Melzer-Lange, Thatcher, Liu, and Zhu (2007) indicated that grandparents became guardians to minor grandchildren because of biological parent neglect, abuse, abandonment, prison sentence, mental illness, or substance abuse and are more likely than single-parent families to be among the most accurate indicators of family instability (p. 395). Their research prompted the need to examine how many of these at-risk youth were living in specific communities throughout New Jersey, Maryland, and Virginia to determine the extent to which child-welfare government services were needed to adequately address their needs. Two communities in New Jersey that were selected to participate in the 2009 CFSRs would be examined first and compared to two other communities that were not as a way of identifying where the greatest need for child-welfare services existed in New Jersey that year.

As described in Table 19, Somerset and Gloucester Counties represented 3,556 grandparents who were caregivers for their grandchildren in 2009. Bergen County and Middlesex County are depicted in bold print and represent two counties that were not selected for the CFSRs in 2009. The table shows that both Bergen County and Middlesex County each have more grandparents who have assumed the role of caregiver for their grandchildren than either Somerset or Gloucester Counties. In fact, there were 2,920 more grandparents acting as caregivers in Bergen County than Somerset County in 2009. Moreover, Bergen County had 468

more grandparents who had assumed parental roles for their grandchildren than there had been in Gloucester County.

Aside from Essex County that was chosen to participate in both the 2004 and 2009 CFSRs, Middlesex County had the largest number of grandparent caregivers but, like Bergen County, was not chosen to participate in the state's CFSRs in 2009. The data described in Table 19 supported the findings analyzed in Table 18 that verified the need for federal stakeholders at the ACF to collect and analyze additional demographic data before conducting their CFSRs. This would equip them with more tangible and credible information that could help them identify where the greatest need existed so they could appropriately prioritize which geographical communities in New Jersey should be selected for the on-site portion of the CFSRs. A similar analysis will be conducted for Maryland.

Montgomery County and Prince George's County had never been chosen to participate in the Maryland CFSRs but had a larger number of grandparents who were caregivers than Charles County, for example, in 2009. In fact, Prince George's County had a larger number of grandparents who had assumed parental roles for their grandchildren than any other county throughout Maryland that year. Although Charles County did have 1,341 grandparents acting as their grandchildren's caregivers in 2009, it still represented 8,140 fewer persons than Prince George's County and 3,132 fewer than Montgomery County. As already demonstrated in Table 18, however, Charles County was selected for the 2009 CFSRs, despite having fewer numbers of at-risk youth between the ages of 0 and 14 and grandparent caregivers as described in Table 19. An identical analysis that also uses the same table as a point of reference will be exercised for Virginia.

Raw data in Table 19 revealed the number of households where grandparents were the primary caregivers for their grandchildren in 2009. Tazewell County and Chesterfield County in Virginia were the exception because they represented a 3-year estimate (2007–2009) instead. In Tazewell County, the 3-year estimate for the number of households where grandparents were caregivers in 2009 was  $402 \pm 259$ . The total number of grandparent caregivers in Chesterfield County was  $1,762 \pm 392$  during that same year. Based on the information provided in the table, Tazewell County could have had as many as 661 grandparents who were acting as their grandchildren's caregivers or as few as 143. The numbers associated with this segment of the population in Chesterfield County in 2009 were higher than those that represented Tazewell County. The 3-year average for Chesterfield County could be as high as 2,154 or as low as 1,370. Like Chesterfield County, Prince William County was not selected to participate in the 2009 CFSRs but had a larger number of households where grandparents assumed parenting roles for their grandchildren than Tazewell County.

Despite the evidence provided by these demographic data, Tazewell County was chosen over both Prince William and Chesterfield Counties to participate in the 2009 CFSRs. The cumulative data represented in Tables 8 and 11 in the previous chapter and Tables 17, 18, and 19 in this chapter demonstrated that both Prince William and Chesterfield Counties should have been seriously considered over Tazewell County by federal stakeholders for participation in the 2009 CFSRs but were not. Additional demographic data provided in Table 20 that described the total number of one-parent households within specific communities in New Jersey, Maryland, and Virginia will be analyzed as well.

Table 19

*Number of Grandparents Acting as Grandchildren's Caregiver by State and City or County for New Jersey, Maryland, and Virginia, 2009*

New Jersey	Total	Maryland	Total	Virginia	Total
Essex County	5,178	City of Baltimore	7,154	Fairfax County	4,912
Somerset County	552	Charles County	1,341	City of Hampton	1,296
Gloucester County	3,004	Anne Arundel County	5,305	City of Norfolk	3,226
Atlantic County	2,561	Allegany County	N/A	Tazewell County	402 ±259
<b>Bergen County</b>	3,472	<b>Montgomery County</b>	4,473	<b>Prince William County</b>	3,389
<b>Monmouth County</b>	2,490	<b>Prince George's County</b>	9,481	<b>Chesterfield County</b>	1,762 ±392
<b>Middlesex County</b>	3,609	<b>Howard County</b>	N/A	<b>Loudoun County</b>	1,805
<b>Mercer County</b>	2,409	<b>Harford County</b>	1,182	<b>Henrico County</b>	1,730

*Note.* Tazewell County and Chesterfield County totals reflect average during a 3-year period (2007–2009).

The pursuit of what Julnes (2009) described as the need for accessing available data as a means for improving the implementation of performance measures such as the CFSRs is also manifested in the data analysis provided in Table 20. The table demonstrated how the total number of one-parent households in those counties that were selected for the 2009 CFSRs in New Jersey, Maryland, and Virginia compared to those counties that were not. These data were important because they helped to identify the level of potential risk for children living in these communities.

Identifying such risks could help states to determine how they could maximize their efficiency in allocating and mobilizing resources to adequately address the needs of their population. For example, as Dubowitz et al. (1993) described, there is a connection between poverty and neglect. They proposed that a lack of financial resources leads to risk factors such as limited access to health care, exposure to lead, and inferior educational opportunities for at-risk youth. The data provided in Table 20 could help federal stakeholders at the ACF gain a better understanding of which geographical locations represented the greatest need among a specific population. This would allow them to improve their ability to implement relevant and effective CFSRs. The total number of one-parent households with children under the age of 18 living in New Jersey would be analyzed first.

Although Bergen County and Middlesex County were not chosen for the 2009 CFSRs, each had a large number of single-parent households with children who were younger than 18 years of age. As previously mentioned, Somerset County and Gloucester County represented two of the three counties that were selected for the 2009 CFSRs in New Jersey. A careful examination of the data described in Table 20, however, revealed that both of these counties had fewer one-parent households with minor children than Bergen or Middlesex Counties. Bergen County had 15,139 more one-parent households with children who were 17 years of age or younger than Somerset County and 12,785 more than Gloucester County. Middlesex County contained 13,203 more than Somerset County and 10,849 more than Gloucester County. All in all, Bergen and Middlesex Counties accounted for 42,424 one-parent households with children younger than 18 years of age while Somerset and Gloucester Counties represented 16,436 households. In the end, the two counties represented in Table 20 that were not selected for the



2009 CFSRs had almost 26,000 more one-parent households with minor children than two of the three counties that were. An identical analytical approach would be utilized when examining similar demographic data that represented Maryland.

Baltimore County was one of the three counties chosen to participate in the 2009 CFSRs in Maryland and represented the largest number of one-parent households in the state that year. In fact, it contained 16,083 more one-parent households with children between the ages of 0 and 17 than Montgomery County and Prince George's County combined. Prince George's County was not selected to participate in the 2009 CFSRs but represented the second largest population of one-parent households with minor children. Montgomery County and Prince George's County represented a larger segment of this population than Charles County that was selected. Although Montgomery County and Prince George's County were not selected to participate in the 2009 CFSRs, their combined total number of one-parent households with children 0 to 17 years of age in 2009 was larger than any individual county within Maryland that year, with the exception of Baltimore County.

As described above, Table 20 paints a clear picture of what McKillip (1987) referred to as social indicators of risk. These data also exposed what Dubowitz et al. (1993) claimed was a connection between poverty and neglect as measured and supported by the demographic data included in Table 6 in the previous chapter. Julnes's (2009) rational/technocratic theoretical principle that emphasizes a need for acquiring and applying all available data can also be integrated in the analyses conducted for Virginia.

Table 20

*One-Parent Households with Minor Children by State and City or County for New Jersey, Maryland, and Virginia, 2009*

New Jersey	Total	Maryland	Total	Virginia	Total
Essex County	42,499	City of Baltimore	33,652	Fairfax County	19,179
Somerset County	7,041	Charles County	4,567	Tazewell County	2,544 ±489
Gloucester County	9,395	Baltimore County	78,873	City of Norfolk	12,174
Atlantic County	10,212	Allegany County	2,394	City of Hampton	6,483
<b>Bergen County</b>	22,180	<b>Montgomery County</b>	24,440	<b>Prince William County</b>	11,950
<b>Middlesex County</b>	20,244	<b>Prince George's County</b>	38,350	<b>Chesterfield County</b>	12,033
<b>Mercer County</b>	12,351	<b>Howard County</b>	9,082	<b>Loudoun County</b>	5,176
<b>Monmouth County</b>	15,002	<b>Harford County</b>	7,855	<b>Henrico County</b>	12,271

*Note.* The total for Tazewell County reflects its average during a 3-year period (2007–2009).  
As already indicated earlier in this chapter and represented in Tables 17–20, Prince

William County and Chesterfield County were depicted in bold print to show that they were not selected for the 2009 CFSRs. With the exception of Tazewell County, all raw data found in Table 20 reflected 2009 demographic data for each county. Data for Tazewell County were based upon a 3-year estimate (2007–2009) and revealed that there were as many as an average of 2,178 total one-parent households with children under the age of 18 during this period and as few as 942. The highest average of one-parent households with minor children in Tazewell County is still 9,855 less than Chesterfield County and 9,772 fewer than Prince William County in 2009.

Despite the fact that both Chesterfield County and Prince William County had a higher population of one-parent households with children between the ages of 0 and 17, Tazewell County was still chosen over them to participate in the 2009 CFSRs. Up to this point, all the data that were analyzed for New Jersey, Maryland, and Virginia contained demographic characteristics. The next three paragraphs, however, will examine and analyze economic data that pertained to the same counties within the three states in 2009. They will attempt to validate the need for federal stakeholders at the ACF to collect and review additional data so that all facts can be examined before decisions (about which geographical locations should participate in the CFSRs) can be rendered.

Tables 21, 22, and 23 outline the number of persons who received SSI, cash assistance, and food stamps in three counties that participated in the CFSRs for New Jersey, Maryland, and Virginia in 2009. As previously demonstrated in Tables 17–20, those counties that did not participate in the CFSRs that year were depicted in bold print so they could be easily identified during the analyses. The economic data described in Tables 21, 22, and 23 represented the fourth variable whose intent and purpose was also to test Julnes's (2009) rational/technocratic theoretical framework that placed a strong emphasis on collecting and examining all available data. Like the three previous demographic variables already analyzed in Tables 17–20, the economic data in Tables 21, 22, and 23 supported Julnes's (2009) rational/technocratic factor.

Tables 21, 22, and 23 introduce three different public welfare entitlement programs whose varying statistical characteristics among New Jersey, Maryland, and Virginia will be compared and contrasted. The SSI federal program is managed by the Social Security Administration but funded through the U.S. Treasury. These benefits are available to children

who are disabled and blind and individuals who are 65 years of age or older and have a low income and limited resources for meeting their basic needs. Cash assistance is a block grant the federal government provides to states to assist needy children and their families. These families include kinship care families, kinship foster-care families, two-parent families enrolled in the two-parent employment program, unwed minor parents, and legal permanent guardians. Persons who are eligible for this federally funded program can receive up to 60 months of cash assistance to help them secure shelter, energy assistance, and other miscellaneous monthly expenses while actively searching for employment.

The food stamp program became known as the SNAP effective August 29, 2012. The federal government pays 100% of the benefits to eligible recipients and assists states in paying nearly 50% of the costs associated with administering this program. It is the largest nutrition assistance program administered by the U.S. Department of Agriculture. The eligibility requirements and benefits levels will be analyzed in Section 4 of this chapter and are based on household size, income assets, and other factors. Households with an elderly or disabled member as well as those with dependent care expenses have separate eligibility requirements. Each of these three programs represents the focal point for analyses that will be conducted for different geographical locations in New Jersey, Maryland, and Virginia.

As demonstrated in the following three tables, New Jersey had a larger number of households that were receiving SSI and cash assistance benefits than Maryland or Virginia in 2009. Virginia had a greater total number of households that were receiving food stamps benefits than New Jersey or Maryland that same year. The demographic data in Table 17 that was analyzed earlier in this chapter revealed that New Jersey and Virginia each had a larger

population of total residents in 2009 than Maryland. The economic data in the three subsequent paragraphs and the three demographic variables (i.e., population of at-risk youth, grandparents as caregivers, and one-parent households) that were analyzed up to this point reinforced Blakley's (2006) claim that population size and density contributed to risk factors that directly influenced the health, safety, and well-being of children. The economic data represented in the following three tables also shed more light on what Dubowitz et al. (1993) described as a connection between a lack of financial resources and the potential environmental hazards this creates for at-risk youth. These economic data will be analyzed in the next four paragraphs and demonstrate how the quality and effectiveness of the CFSRs could be improved as a performance measure in New Jersey, Maryland, and Virginia.

In New Jersey, Somerset County and Gloucester County had fewer households that were receiving SSI, cash assistance, and food stamps benefits than Bergen and Middlesex Counties but were chosen to participate in the 2009 CFSRs. Although Bergen County and Middlesex County were not selected, they represented a combined total number of 42,372 households that were receiving these benefits. Somerset County and Gloucester County accounted for a combined total of 15,299 households and represented over 27,000 fewer households than that of Bergen and Middlesex Counties. These economic data were important because they helped to identify where the greatest need among at-risk youth and their families existed within New Jersey. It also provided federal stakeholders with a theoretical platform from which to entertain new approaches and techniques through the use of additional data when implementing their CFSRs. An identical analytical approach will be exercised when making similar comparisons

among those counties that were selected for the Maryland CFSRs in 2009 and those that were not.

Table 21

*Recipients of Benefits by New Jersey County, 2009*

New Jersey	SSI Totals	Cash Assistance Totals	Food Stamps Totals
Essex County	13,521	12,308	30,653
Somerset County	1,352	1,643	2,274
Gloucester County	2,547	2,516	4,967
Atlantic County	3,008	4,557	8,553
<b>Bergen County</b>	7,762	5,395	10,106
<b>Middlesex County</b>	6,455	4,379	8,275
<b>Mercer County</b>	2,896	3,089	5,447
<b>Monmouth County</b>	6,543	4,500	7,945

Aside from the City of Baltimore, Montgomery County and Prince George's County represented the largest population of SSI, cash assistance, and food stamps benefits recipients within Maryland in 2009. Table 22 depicts them in bold print to show that neither one of them was selected to participate in the 2009 CFSRs. In Charles County, 4,120 households received these benefits; a vast majority of them were receiving food stamps. Most of the public assistance recipients in Montgomery County and Prince George's County were also receiving food stamps benefits during that same year. Of the three types of benefits described in Table 22, cash

assistance represented the lowest number of recipients for the entire state of Maryland. Similar economic trends will be revealed when examining the state of Virginia.

Table 22

*Recipients of Benefits by Maryland City or County, 2009*

County	SSI Totals	Cash Assistance Totals	Food Stamps Totals
City of Baltimore	13,681	10,988	36,712
Charles County	932	526	2,662
Allegany County	1,233	998	4,791
Anne Arundel County	4,372	2,408	7,668
<b>Montgomery County</b>	6,358	4,183	12,784
<b>Prince George's County</b>	6,425	5,293	19,914
<b>Howard County</b>	1,774	1,173	2,932
<b>Harford County</b>	1,893	2,794	5,388

Table 23 clearly indicates that the number of cash assistance and food stamps recipients in Prince William and Chesterfield Counties is larger than Tazewell County. In Prince William County, for example, 2,543 more households were identified as receiving cash assistance benefits than Tazewell County in 2009. The margin between these two counties with respect to the number of food stamps recipients is greater. In fact, 3,511 more households received food stamps benefits in Prince William County than in Tazewell County that same year. Although the difference in the number of recipients in Chesterfield County and Tazewell County who were

benefiting from these two entitlement programs was not as large, it was still obvious. As indicated in the table, 449 more households in Chesterfield County received cash assistance benefits than Tazewell County. Moreover, 2,642 fewer food stamps beneficiaries lived in Tazewell County than in Chesterfield County.

Table 23

*Recipients of Benefits by Virginia City or County, 2009*

City or County	SSI Totals	Cash Assistance Totals	Food Stamps Totals
Fairfax County	5,188	3,808	11,092
Tazewell County	1,755 $\pm$ 399	346 $\pm$ 233	2,451 $\pm$ 369
City of Norfolk	1,941	2,519	9,778
City of Hampton	1,391	1,507	5,609
<b>Prince William County</b>	2,129	3,122	6,331
<b>Chesterfield County</b>	2,137	1,028	5,462
<b>Loudoun County</b>	884	842	1,784
<b>Henrico County</b>	2,201	1,483	8,667

*Note.* Tazewell County data represents a 3-year average (2007–2009).

As described in Table 23, there were a large number of SSI recipients in Tazewell County. All the raw numbers for each of the three entitlement programs in Tazewell County represent the highest possible total numbers of recipients that reflect a 3-year average (2007–2009). There was a  $\pm$ 399 margin of error for SSI recipients, a  $\pm$ 233 for cash assistance, and a



±369 for food stamps. For example, there were a total number of 1,755 SSI recipients in Tazewell County, Virginia in 2009. A margin of error meant that there could be as few as 1,356 households benefiting from this entitlement program and as many as 2,154. The latter was used to compare against Prince William County and Chesterfield County.

These data revealed that Tazewell County had 25 more households that were receiving SSI benefits than Prince William County and 17 more than Chesterfield County. Moreover, data already analyzed between the three counties with respect to cash assistance and food stamps benefits showed a greater difference in the number of recipients who benefited from these two entitlement programs in Prince William and Chesterfield Counties as compared to Tazewell County. However, as already demonstrated in Tables 17–20, Tazewell County was selected to participate in the 2009 CFSRs in Virginia, while Prince William and Chesterfield Counties were not. In the end, these economic data provided more proof and helped to solidify a firm argument that called for the collection and utilization of additional data by federal stakeholders as a means for producing accurate and effective CFSR performance measures.

The cumulative demographic and economic data analyzed up to this point in the chapter provided a strong argument that supported Julnes's (2009) rational/technocratic factor that emphasized the need for collecting and using all available data when attempting to measure how well a program was being implemented. The data provided in Tables 17–23 were analyzed to expand the knowledge initially gained through the results introduced in the previous chapter and helped to strengthen Julnes's (2009) argument on how they could improve performance measures such as the CFSRs. The total number of residents in a geographical location as well as its most vulnerable population (0- to 14-year-olds) provided insight and evidence that could be

used to improve the quality and effectiveness of performance measures. Demographic and economic data that pertained to the number of one-parent households and those in which grandparents functioned as caregivers were relevant as well as the number of SSI, cash assistance, and food stamps recipients in the geographical locations already analyzed.

These data also helped to clarify what Scriven (1991) described as a need for conducting some preliminary investigative practices that could help narrow the focus and intent of evaluations. He went on to suggest that a “needs assessment of the impacted and potentially impacted populations” should be conducted before the performance evaluation itself (p. 207). For this reason, it was important to conduct one more analysis that could incorporate some of the data already used up to this point in this chapter to provide more evidence that supported Julnes’s (2009) rational/technocratic factor.

As described in Table 24, relative risk is a type of ratio designed to assess the level of risk that directly affects a group. It attempts to measure the probability of whether an event that threatens to elevate such risk among members of one group will reoccur based upon comparisons made with another group that has not yet been negatively affected by a similar event. Barnette (2006) developed a formula to measure risk that is relative to a group whose safety has been threatened in some way by an event such as child abuse or neglect. Moreover, it allows for a comparison with another group that has not been exposed to maltreatment, for example. The formula is  $A / (A + B)$  divided by  $C / (C + D)$ , and it is broken down as follows:

- the *a* refers to a risk factor present for the exposed group that resulted from an event or condition

- the  $b$  is associated with the group that has a risk factor present but represents those persons (children) who have not been exposed to an event (abuse/neglect) that activates such risk factors
- $c$  reflects the number of persons (children) in the control group where no risk factors were present but they were exposed to an event or condition (abuse or neglect) that created risk
- $d$  represents those individuals in the control group where no risk factor was present, nor was any event or condition that invited risk.

Table 24

*Relative Risk Definition and Categories*

Definition	Relative risk (RR) is the ratio of those exposed who have the outcome condition to those who are not exposed but who have the outcome or condition.
Category 1	If RR is equal to 1, the risk is the same in the exposed and unexposed groups.
Category 2	If RR is less than 1, the exposed group has a lower likelihood of having the condition as compared with the non-exposed group.
Category 3	If RR is greater than 1, the exposed group has a higher likelihood of having the condition as compared with the non-exposed group.

*Note.* Adapted from Barnette, J. J. (2006). *Effect Size and Measures of Association*, 2006 Summer Evaluation Institute, The American Evaluation Association. Retrieved from <http://www.eval.org/summerinstitute/06SIHandouts/SI06.Barnette.TR2.Online.pdf>

The information highlighted in Table 25 will provide another medium from which to conduct additional data analyses involving select counties in New Jersey, Maryland, and Virginia.

Table 25

*Relative Risk by State and County for New Jersey, Maryland, and Virginia, 2009*

	A	B	C	D	Relative Risk
New Jersey					
Somerset County	302	65,640	X	X	
<b>Bergen County</b>	X	X	483	223,470	0
Maryland					
Charles County	187	31,002	X	X	
<b>Montgomery County</b>	X	X	1,047	189,076	0
Virginia					
Tazewell County	15	7,541	X	X	
<b>Prince William County</b>	X	X	427	94,131	0

*Note.* X indicates an empty cell.

The raw data provided in Table 25 represents data extrapolated from Tables 4, 6, and 8 in the previous chapter and Table 18 of this chapter for New Jersey, Maryland, and Virginia in 2009. For purposes of clarifying the relative risk analysis for counties in New Jersey, the control group is Bergen County because it represents the largest population of 0- to 14-year-olds among

those counties that were not selected for the 2009 CFSRs. Somerset County had a higher number of at-risk youth (0- to 14-year-olds) than Gloucester County that same year and therefore, it was selected for the comparative analyses with Bergen County.

The raw number provided for the letter *a* represented the total number of children who were abused and neglected in Somerset County in 2009 (see Table 4 in Chapter 4), and *b* reflected the remaining number of 0- to 14-year-olds that had not yet been maltreated in any way. In other words, *b* represents the total number of abused and neglected children subtracted from the total number of 0- to 14-year-olds (as previously described in Table 18 in Somerset County that year. The same rationale has been applied to the letters *c* and *d* in the relative risk analysis for Bergen County. Once these numbers were inputted into Barnette's (2006) formula, it was determined that the relative risk between Somerset County (chosen for the 2009 CFSRs) and Bergen County (not selected for the 2009 CFSRs) was 0. As described earlier in Table 24, it meant that it was less likely for those at-risk youth living in Somerset County to be abused or neglected than in Bergen County under the same circumstances in 2009. Similar theoretical and practical applications will also be exercised for those counties that were and were not selected for the 2009 CFSRs in Maryland and Virginia.

As previously described in Chapter 4, Table 6 revealed that 187 children were abused and neglected in Charles County in 2009. As a result, this became the number that represented the letter *a* because Charles County was selected for the 2009 CFSRs. As revealed in Table 18, 31,189 children between the ages of 0 and 14 lived in Charles County back in 2009. Again, 187 of these at-risk youth were maltreated and meant that the letter *b* was the difference between the two. Table 25 showed that 31,002 of these at-risk youth reportedly still had not been abused or

neglected that same year in Charles County. The set of numbers depicting the letters c and d for Montgomery County painted a more alarming picture for the most vulnerable population of its children than had been demonstrated for Charles County. The relative risk analysis for these two counties revealed that although Charles County was selected for the 2009 CFSRs, it was less likely than Montgomery County (not chosen for the CFSRs) to have at-risk youth who could potentially be subjected to such horrific acts of violence. The level of risk between Tazewell County and Prince William County in Virginia will be measured using an identical mode of analysis.

The results in Table 8 clearly showed that Tazewell County represented the lowest number of abuse and neglect findings in the entire state of Virginia in 2009. Demographic data provided in Table 18 earlier in this chapter demonstrated that Tazewell County also had the lowest number of at-risk youth up to the age of 14 in Virginia during the same year. Prince William County was not selected for the 2009 CFSRs but represented higher numbers than Tazewell County in every categorical cross-comparative analysis conducted up to this point. In fact, the relative risk analysis performed between the two revealed a relative risk score of 0. This meant that the majority of at-risk youth who were 14 years of age or younger and living in Tazewell County in 2009 were less likely than a majority of at-risk youth in the same age group residing in Prince William County that same year to be abused or neglected.

The purpose of Section 1 of this chapter was to highlight the importance of the results introduced in Chapter 4 by providing empirical evidence manifested through six different types of analyses performed to support the validity and reliability of the data. The demographic and economic analyses conducted in this chapter also helped to magnify the theoretical and practical

application of Julnes's (2009) rational/technocratic factor that placed a strong emphasis on the need to collect and use all available data when attempting to measure how well a program was being implemented by a public agency. As demonstrated by the analyses conducted thus far, the collection and utilization of additional data could provide federal stakeholders in the ACF at the DHHS with a better and more realistic understanding of where the greatest needs existed within the states selected to participate in the CFSRs.

A preliminary review of these data by federal stakeholders could help improve their ability to detect and identify which counties should be selected to participate in the on-site portion (Phase 2) of the CFSRs. The knowledge gained from a preliminary assessment of such data could also provide federal stakeholders in the Children's Bureau (who report directly to their peers at the ACF) with more insight and guidance about which data are relevant and should be collected by states during the first phase (Statewide Assessments) of the CFSRs. The fundamental purpose of Section 1 of this chapter was achieved because the analyses conducted thus far reinforced the relevance of the data collected in the previous chapter. It also exposed some of the challenges experienced by those who implement services provided through child-welfare government programs and the federal stakeholders who strive to produce effective performance measures such as the CFSRs when evaluating the degree to which such services are appropriately implemented. The next section will demonstrate how organizational culture affects the successful implementation of child-welfare government programs by local public agencies such as the department of social services while exposing the challenges it creates for federal stakeholders trying to evaluate them.

## **Section 2. Organizational Culture**

As Blumberg (1987) described, organizational culture “consists of a continually evolving set of practices, meanings, and adaptations” (p. 159). Each organization has both formal and informal characteristics. For instance, managerial staff create formal rules and regulations that become policy guidelines to be followed and exercised by all employees within an organization. These policies are designed to protect the interests and mission goals of an organization while outlining what is expected of its employees when providing goods and services to their valued customers and members of a community as a whole.

Informal elements within an organization are equally important and represent the rational and emotional responses by employees to changes driven by external pressure created by limited resources, higher consumer demands, and unexpected circumstances inside and outside of an organization. Such reactions can be temporary or create a permanent blueprint that influences how top management within an organization adopts and implements future policies and procedures that guide the delivery of goods and services. Julnes (2009) recognized the influential power that organizational culture has during the implementation of child-welfare programs by local departments of social services and the challenges it poses for local and state government as well as those federal stakeholders responsible for designing and implementing the CFSRs performance measures.

As previously mentioned in Section 1 of Chapter 4, the Children’s Bureau was responsible for ensuring that states were collecting, analyzing, and maintaining all data related to child abuse and neglect as well as the number of children placed in foster care by child-welfare workers. Federal stakeholders at the Children’s Bureau also monitored how well states were



implementing their child-welfare government programs, particularly during the first phase (Statewide Assessments) of the CFSRs. They also ensured that states were adequately addressing any deficiencies identified at the conclusion of the on-site portion (Phase 2) of the CFSRs during the assessment of states' PIPs.

The difficulty experienced by federal stakeholders at the Children's Bureau, however, is that the policies and procedures governing the administration and implementation of child-welfare government programs varied among New Jersey, Maryland, and Virginia. These differences also posed challenges to local and state government officials who were ultimately responsible for the successful implementation of their child-welfare programs. They were expected to measure how well a local social-services agency is administering and implementing its programs based upon a universal template (see Appendix A) that was constructed and used by federal stakeholders at the Children's Bureau.

The previous chapter introduced the different ways in which the three states defined abuse and neglect, established criteria to determine how investigations should be conducted, and measured the recurrence of maltreatment, for example. The differences found in these policies and procedures could be attributed to the organizational structure of their departments of social services (see Appendices C, D, E, and F). The geographical boundaries that exist in New Jersey, Maryland, and Virginia embody their unique demographic and economic characteristics that ultimately help define the organizational structure and culture that exists within their departments of social services. In the end, the organizational culture of local departments of social services will have a direct impact on how successful they are in administering and implementing their

child-welfare programs and inevitably create some challenges for those federal stakeholders attempting to measure their level of success in doing so.

Table 26

*Geographical boundaries for New Jersey, Maryland, and Virginia, 2012*

State	Counties	Boroughs	Cities	Towns	Townships	Villages
New Jersey	21	250	52	15	246	3
Maryland	24	0	29	123	0	8
Virginia	95	0	40	82	0	0

Aside from the demographic differences that exist among the three states already analyzed earlier in this chapter, the geographical boundaries that define New Jersey, Maryland, and Virginia also differ. New Jersey, for example, has 250 boroughs, 52 cities, 15 towns, 246 townships, and 3 villages. Unlike New Jersey, Maryland does not have any boroughs or townships. Virginia has a larger number of counties than both New Jersey and Maryland. In fact, Virginia has 74 more counties than New Jersey and 71 more than Maryland. Although these data may seem trivial, they are important because they represent a wide variety of governing bodies whose job is to protect the constituents they serve. In other words, each city, county, and town located in New Jersey, Maryland, and Virginia is competing for limited resources to adequately address the needs of its population.

As Hill and Hupe (2002) explained, these competing interests become part of a policy network based upon a mutual dependency among all government agencies whose main objective

is to serve the diverse goals and interests of the population they serve through resource sharing and collaboration (p. 78). The counties in each of the three states, for example, have their own local departments of social services that are part of a larger network of social-services agencies located in other communities throughout a state. The different types of organizational structures that exist among the departments of social services located in New Jersey, Maryland, and Virginia can affect local and state governments trying to implement their child-welfare programs. They can also create challenges for those federal stakeholders who are trying to evaluate states' progress in implementing such programs.

New Jersey had 21 county child-welfare agencies/Boards of Social Services located in different communities throughout the state that were tasked with administering and implementing their child-welfare programs designed to help at-risk youth and their families. As described in Appendix C, all of the local child-welfare agencies were part of the NJDHS that employed nearly 15,000 persons during state fiscal year (SFY) 2011. Appendix C shows the eight major divisions within the NJDHS. The Division of Family Development is among these and is tasked with administering and implementing its food stamps and cash assistance programs. Approximately 417 employees worked for the Division of Family Development in SFY 2011. The DCF (formerly known as the Division of Youth and Family Services) is one of the departments that falls under the Division of Family Development. The organizational structure of the DCF is represented in Appendix D, and its main purpose is to deliver child-protection, foster-care, and adoption services. During SFY 2011, 6,600 employees worked in the DCF.

As demonstrated in Appendix E, the organizational structure of Maryland's social-services agencies was different than that of New Jersey. Twenty-four local departments of social

services are scattered throughout Maryland. During SFY 2011, 2,441 employees were working in these local departments of social services. The MDHR is responsible for administering all human services programs and was authorized to employ 6,799 workers during SFY 2011. As described in Appendix E, the Social Services Administration falls under the MDHR and is the administrative arm of all social-services programs in the state. During that same fiscal year, 92 employees worked for the Social Services Administration.

The VDSS is larger than that of New Jersey and Maryland, and its organizational structure differed as well. The VDSS consists of 120 local departments of social services, 5 regional offices, and 11 divisions. It is part of the VSSS, which is a collaboration and partnership of three organizations responsible for the administration and implementation of all social services in the state. The organizations include the VLSSE, which represents the 120 local departments of social services; the VACAP, which is an association consisting of community action programs located throughout the entire state; and the VDSS itself. As described in Appendix F, the Division of Benefits Programs is one of the 11 divisions that falls under the VDSS and is responsible for providing food stamps, cash assistance, and other entitlement benefits to eligible persons. A total of 2,400 employees work for the Division of Benefits Programs. The Division of Family Services also falls under the VDSS, and its main goal is to protect at-risk youth from any type of maltreatment while providing them with safe and stable homes. Of the 1,636 persons working in the Division of Family Services, approximately 700 were CPS workers.

The information included in Appendices C, D, E, and F provided descriptive analyses that outlined specific differences in the organizational culture and structure that existed among

the three states' departments of social services. However, they do not tell the entire story. As described in Table 27, money may also be a very influential variable that helps to mold and define the organizational culture of social-services agencies in New Jersey, Maryland, and Virginia.

In the next section, government funding and state budgetary practices in New Jersey, Maryland, and Virginia will be analyzed in the context of Julnes's (2009) external interest groups factor. This will serve as a means for assessing the impact they have on local departments of social services that implement child-welfare programs and those federal stakeholders who evaluate their progress in successfully completing their goals and objectives for doing so during the CFSRs. In this section, it became necessary to look closely at the amount of money that the divisions and departments that work directly with at-risk youth and their families are receiving, because they have a direct impact on the organizational culture of local departments of social services.

As Julnes (2009) explained, financial incentives have a direct impact on the culture of an organization because they "encourage and nurture the use of performance measures" (p. 190). For example, employees are more likely to embrace an organizational culture that emphasizes their worth and value to the organization by giving them pay raises and promotion opportunities than one that does not. The next two paragraphs will highlight specific information outlined in Table 27 that explains how New Jersey, Maryland, and Virginia fund those government entities that provide direct services to their most vulnerable youth and their families.

As indicated in Table 27, the total budget for the NJDHS in its SFY 2011 was 4.5 billion dollars. Its budget was twice as large as that of Maryland and Virginia during that same year. All

SFY 2011 budgets included federal, state, and local funds. In SFY 2011, the total budget for the MDHR was \$2,140,964,002 and was \$1,918,938,997 for the VDSS. The varying degrees of budgetary allocations practiced by each of the three states with respect to their social-services programs can be attributed to the differences in their organizational structure that were analyzed earlier.

Table 27

*Total Funding by State Agency, New Jersey, Maryland, and Virginia, SFY 2011*

State Agency	Total Funding
New Jersey	
Department of Human Services	4.5 billion
Department of Children and Families	1.0 billion
Maryland	
Department of Human Resources	2.1 billion
Social Services Administration-Child Welfare Services	202 million
Virginia	
Department of Social Services	1.9 billion
Division of Family Services	329 million

The overall needs of a state's most vulnerable population may also dictate how much money can be allocated to help them improve their quality of life. Table 27 also shows that the amount of money spent by New Jersey, Maryland, and Virginia to help those children who have

already been abused or neglected while trying to reduce and eliminate any future acts of maltreatment committed against them varies among the three states. The New Jersey DCF, for example, spent \$1.04 billion in SFY 2011 to help CPS, foster care, and adoption services workers protect children from any type of maltreatment. During that same year, Maryland awarded \$201,868,830 to administer and implement similar child-welfare services. In SFY 2011, Virginia's total budget for providing comprehensive services for its at-risk youth and their families within the Division of Family Services was \$328,843,220.

The amount of funding a program receives will have a direct impact on the workers providing services and the clients that receive them. Ultimately, the "evolving set of practices, meanings, and adaptations" that define an organization's culture will be directly influenced by such funding practices (Blumberg, 1987, p. 159). The next section will focus on Julnes's (2009) external interest groups factor and provide more analytical evidence that identifies and clarifies the challenges faced by local and state government officials and federal stakeholders from the Children's Bureau and ACF during the CFSRs.

### **Section 3. External Interest Groups**

The previous section outlined a correlation that exists between the organizational structure of New Jersey, Maryland, and Virginia's departments of social services, the disparity in how their social-services programs (e.g., food stamps, cash assistance, child protection, foster care, and adoption services) were being funded, and the direct impact both variables had in establishing the organizational culture of these social-services agencies. This section will expand the focus of how these variables affect the administration, implementation, and evaluation of

such child-welfare programs by using Julnes's (2009) external interest groups factor as a basis for more comprehensive analyses of these interrelated variables.

As previously mentioned and described in Table 2 of Chapter 4, 7 of the nine child safety and family outcome measures that pertained to risk of harm to children (Item 4), stability of foster-care placements (Item 6), permanency goal for children (Item 7), reunification, guardianship, and placements with relatives (Item 8), adoption (Item 9), and relative placements (Item 15) received negative ratings categorized as ANI by federal stakeholders from the ACF who conducted the on-site portion (second phase) of the CFSRs. The fact that all three states were not successful in implementing effective solutions to protect at-risk youth from being abused and neglected, to provide them with stability, and to offer them long-term living arrangements that could help them lead rewarding and productive lives raises serious concerns. The external interest groups include regional office administrators for the ACF; federal stakeholders from the DHHS, who determine how federal grant monies that support child-welfare programs will be distributed among the states; and local and state legislatures. They are very powerful and influential participants during the implementation and evaluation of such programs.

The data collected and represented in Table 12 of the previous chapter provided insight and guidance on how the ACF regional offices were organized and which states belonged to each of the 10 different geographical locations. New Jersey is considered a Region 2 state, and its ACF headquarters is located in New York City. Maryland and Virginia belong to Region 3, and their regional ACF headquarters are in Philadelphia. The ACF as a whole is the leading agency within the federal government charged with ensuring that "all state, county, city, territorial, and

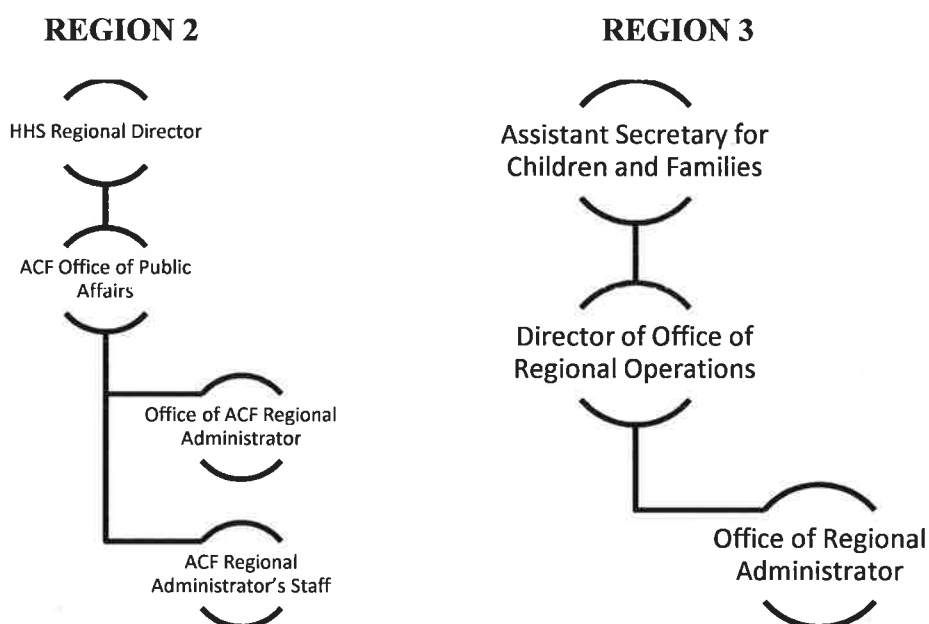


tribal governments (as well as public and private local grantees) conform to federal laws, regulations, policies, and procedures governing the administration and implementation of child-welfare programs” (DHHS, 2012). The Children’s Bureau is the oldest federal agency within the ACF, and both of these agencies report directly to the DHHS.

The 1994 Amendments to the Social Security Act authorized the DHHS to review states’ child and family services programs to ensure that they were all conforming to federal requirements outlined in Title IV-B and Title IV-E of the Social Security Act. The DHHS funds “slightly more than 50% of child-welfare services nationwide and hold states accountable for achieving safety, permanency, and well-being outcomes” (National Conference of State Legislators, 2005, p. 1). The regional administrators representing each of the 10 ACF regions report states’ progress in administering and implementing eight social-services programs to their counterparts in the DHHS. These programs include Head Start, TANF, child care, child support enforcement, adoption assistance, runaway and homeless youth, children with developmental disabilities, and child welfare.

The ACF has three basic goals and objectives. The first is to help families and individuals become self-sufficient. Second, it expects parents to take responsibility for the physical, emotional, and financial support of their children. The third goal is to ensure that all communities throughout the country are safe, healthy, and supportive places for children and their families. Although the ACF supports these three basic goals shared by all 10 ACF regions, the ways in which these goals are implemented by each of the different geographical locations varies. As indicated in the previous section of this chapter, the organizational structure of an agency influences how policies and procedures are created and prioritized. Moreover, it

ultimately affects the culture that permeates within an organization. Figure 2 describes the organizational structure of both Region 2 (New Jersey) and Region 3 (Maryland and Virginia). Identifying these two hierarchical differences among Regions 2 and 3 is critical because, as Mazmanian and Sabatier (1989) demonstrated, this will determine how effective agencies are when “integrating and implementing clear and consistent program goals and objectives” (p. 27).



*Figure 2.* ACF Regions 2 and 3 Organizational Structure

In ACF Region 2, the Office of Regional Administrator reports directly to the Regional Administrator’s Staff who, in turn, reports to the ACF Office of Public Affairs and ultimately to the DHHS regional director. In Region 3, the hierarchical structure of the ACF is more compressed than that of Region 2. The regional administrator reports to the director in the Office of Regional Operations, who, in turn, reports to the Assistant Secretary for Children and Families. The primary program initiatives that guide how ACF Regions 2 and 3 operate on a

daily basis differ as well. Both ACF Regions 2 and 3 value, embrace, and exercise the healthy marriage and responsible fatherhood program initiatives. ACF Region 2, however, has a third initiative that differs from ACF Region 3. Region 2 has adopted and implemented faith-based and neighborhood partnerships program initiatives, while Region 3 has placed its focus and energy on the earned income tax credit (EITC), which is a refundable income tax credit for individuals and families. The organizational structure and roles of these two regional ACF offices (that serve as intermediaries between the DHHS and the states themselves) are influential in the development of state statutes that dictate the policies and procedures adopted and implemented by stakeholders (e.g., legislators, state administrators, court officials) at the state and local level.

As indicated in the previous section, the overall needs of a state's most vulnerable population will be influential in dictating those policies designed to create and maintain social-services programs that could help improve their quality of life. For this reason, noticeable differences were observed in how New Jersey, Maryland, and Virginia identified and categorized the criteria used to rate the four child safety and family outcome measures for the four items (repeat of maltreatment, risk of harm to children, other planned living arrangements, and relative placements) represented in Table 14 of the previous chapter.

State administrators representing the Department of Social Services and court officials worked with legislators in each of these three states to pass legislation that could adequately address and effectively prioritize those significant issues that directly affected their most vulnerable population. In 2010, for example, New Jersey passed AB 2137, Chapter 69, which allowed children who moved from one foster home to another, to remain at the school they were

currently enrolled in if it was in their best interest. Maryland redefined the criteria for making a disposition on a child in need of assistance by passing HB 689, Chapter 568, in 2009, which did not automatically guarantee the placement of a child out of the home just because his/her parents had an existing disability. In 2007, Virginia passed SB 1332, Chapter 840, which allowed at-risk youth to receive mental-health services funded by the state to prevent foster-care placement. The collaborative efforts of external interest groups that include state administrators representing local and state agencies, court officials, and legislatures, were influential in helping to craft policies that affected how local and state government agencies implemented their child-welfare programs throughout a state.

Although these new pieces of legislation were designed to improve the quality of services being provided, they created challenges for administrators who were running local social-services agencies because they had to incorporate and implement new policies and guidelines that reflected these new policy initiatives. The individual identity, organization, and operation that defined these three states also made it difficult for federal stakeholders from the Children's Bureau and the ACF to apply a universal performance measure template when evaluating states' ability to administer and implement their child-welfare programs during all three stages of the CFSRs. Federal stakeholders from the DHHS acted as external interest groups and were very instrumental in influencing the amount of grant monies states would receive at the conclusion of the CFSRs for New Jersey, Maryland, and Virginia.

The data analyzed in Tables 28, 29, and 30 were extrapolated from several other tables in the previous chapter and Section 1 of this chapter. The three tables in this section provide the total number of abuse and neglect findings already described in Tables 4, 6, and 8 of the previous

chapter for specific counties in New Jersey, Maryland, and Virginia in 2009. Tables 28, 29, and 30 also incorporate the total number of 0- to 14-year-olds who lived in these same specific geographical locations within the three states in 2009 as previously depicted in Table 18 of Section 1 of this chapter. The fourth and last column of Tables 28, 29, and 30 represents the total number of federal funds that were provided for select counties in New Jersey, Maryland, and Virginia in both 2004 and 2009. The purpose of providing data for both years in the fourth column was to show how much money the DHHS was allocating for regions within these states after they completed their 2004 and 2009 CFSRs.

Rhodes (1990) recognized that limited resources inherently create a competitive environment among a wide variety of interest groups striving to obtain the same goods and services already being pursued by another group. The allocation of resources provided by DHHS represented both formula and discretionary grants that supported child-welfare social-services programs and included community-based grants for the prevention of child abuse and neglect, the adoption opportunities program, the Title IV-E foster-care program, the Title IV-E adoption-assistance program, the foster-care independence program, the child-welfare services program, the PSSF program, the children's justice program, and the adoption incentives program.

Section 1 of this chapter provided comprehensive analyses that demonstrated several critically important pieces of relevant data. The cross-comparative analyses conducted between those counties that were selected to participate in the CFSRs and those that were not provided the foundation for such demographic and economic comparisons.

Table 28 provided demographic and economic data for the three counties in New Jersey that were selected to participate in the 2009 CFSRs (i.e., Essex, Gloucester, and Somerset) and

those that were not (i.e., Bergen, Middlesex, Monmouth, and Mercer) and represented in bold print. The data previously analyzed in Tables 17–21 in Section 1 of this chapter provided evidence showing that Bergen and Middlesex Counties had higher numbers of abused and neglected children, 0- to 14-year-olds, grandparents as caregivers, one-parent households, and SSI, cash assistance, and food stamps benefits recipients than Gloucester and Somerset Counties but were not selected for the 2009 CFSRs. As described in Table 28, Mercer County was not selected for the 2004 or 2009 CFSRs in New Jersey but received \$270,154,128 more in federal monies from the DHHS than Essex County, which was chosen to participate in both CFSRs. Given the time and resources used to conduct the CFSRs and the strong emphasis on performance and outcome measures by the DHHS, the counties that scored well should have received federal monies for their success or deficiencies identified during Phase 3 PIPs of the CFSRs. Data presented in Table 29 for counties in Maryland and showed similar funding discrepancies.

Like Table 28, Table 29 provided information related to the total number of abuse and neglect findings and 0 to 14 youth population in 2009 as well as the combined total amount of federal funding to specific geographical locations in 2004 and 2009. Unlike New Jersey, however, more Maryland counties received money from the federal government at the conclusion of their participation in the 2004 and 2009 CFSRs.

The large amount of money awarded to the City of Baltimore could justify a necessary plan of action initiated by the DHHS through its federal stakeholders at the Children's Bureau to adequately address its deficiencies identified at the conclusion of the 2009 CFSRs, as previously described in Table 16 of Chapter 4. Baltimore County participated in the 2009 CFSRs and was

awarded over \$9 million at the conclusion of the second phase (on-site portion) of the CFSRs. Although Montgomery County and Prince George's County never participated in the CFSRs, they were awarded a combined total of \$11,107,227 during both years, which was \$2,032,490 more than what Baltimore County had received. Charles County participated in the 2009 CFSRs and received \$1.2 million that year. This amount was less than Montgomery, Prince George's, and Harford Counties, which did not participate in the first two rounds of the CFSRs.

Table 28

*Child Abuse and Neglect Findings, Age 0–14 Population, and Federal Funding by New Jersey County, 2009*

County	Total Abuse and Neglect Findings	Total Number of 0- to 14-Year-Olds	Total Funding
Essex County	1,044	161,516	2,248,929
Gloucester County	390	57,675	0
Somerset County	302	65,942	0
<b>Bergen County</b>	483	223,953	0
<b>Middlesex County</b>	678	152,440	0
<b>Monmouth County</b>	537	122,454	0
<b>Mercer County</b>	392	68,308	272,403,057

*Note.* The total funding amount for each county represents 2004 and 2009 allotments.

Like Maryland, all of the counties in Virginia that participated in the 2009 CFSRs received federal monies from the DHHS. Like Essex County in New Jersey and the City of Baltimore, Maryland, Fairfax County had been chosen for the 2004 and 2009 CFSRs and was

awarded more money from the federal government than the other two counties (City of Hampton and Tazewell County) that also participated in the 2009 CFSRs. As described in Table 30, Tazewell County was selected to participate in Virginia's 2009 CFSRs and awarded \$1.2 million that same year, despite having the fewest number of abused and neglected children and smallest number of at-risk youth between the ages of 0 and 14. Prince William, Chesterfield, and Loudoun Counties had larger numbers of at-risk youth in both of these categories in 2009 but were never selected to participate in the CFSRs. Prince William County still received \$1,130,473, which was only \$114,414 less than what Tazewell County received, although its local social-services agencies were never evaluated by federal stakeholders at the Children's Bureau and ACF during the CFSRs. Henrico County received \$97,957,856 and represented the largest recipient of federal monies in Virginia. Although Henrico County never participated in Virginia's 2004 and 2009 CFSRs, it ended up receiving \$87,216,838 more in federal aid than Fairfax County, which was selected to participate in the first two rounds of Virginia's CFSRs.

Section 3 of this chapter helped to conceptualize Julnes's (2009) external interest groups factor and demonstrate its influence on local, state, and federal government officials. State legislatures, for example, played a key role in developing policies for local departments of social services throughout New Jersey, Maryland, and Virginia while working with other collateral agencies and community resources such as state administrators and court personnel to determine how monies that supported child-welfare programs would be distributed among the different social-services agencies. The organizational structure that defined the Region 2 (New Jersey) and Region 3 (Maryland and Virginia) ACF satellite offices and the influence they had on child-welfare policy formulation and implementation was analyzed in this section.



Table 29

*Child Abuse and Neglect Findings, Age 0–14 Population, and Federal Funding by Maryland City or County, 2009*

City or County	Total Abuse and Neglect Findings	Total Number of 0- to 14-Year-Olds	Total Funding
City of Baltimore	3,380	111,887	296,632,563
Baltimore County	1,047	144,222	9,074,737
Charles County	187	31,189	1,248,017
<b>Montgomery County</b>	1,047	190,123	4,588,334
<b>Prince George's County</b>	1,422	169,677	6,518,893
<b>Howard County</b>	158	59,987	823,727
<b>Harford County</b>	258	49,635	1,677,576

*Note.* The total funding amount for each county represents 2004 and 2009 allotments.

As stated in Section 2, the amount of funding a program receives will directly affect the workers providing services and the clients who receive them. The funding practices generated by the DHHS were also analyzed in this section to assess the rationale they exercised for awarding grant monies designed to support states' departments of social services that implemented child-welfare programs. The final section of this chapter will focus on what Julnes (2009) referred to as the internal interest groups factor and provide comprehensive analyses that demonstrate challenges it creates for local and state government officials charged with delivering child-welfare services and federal stakeholders responsible for evaluating how they are implemented.

Table 30

*Child Abuse and Neglect Findings, Age 0–14 Population, and Federal Funding by Virginia County, 2009*

County	Total Abuse and Neglect Findings	Total Number of 0- to 14-Year-Olds	Total Funding
Fairfax County	182	214,486	10,741,018
City of Hampton	183	25,861	2,181,602
Tazewell County	15	7,556	1,244,887
<b>Prince William County</b>	427	94,558	1,130,473
<b>Chesterfield County</b>	61	66,567	782,220
<b>Loudoun County</b>	67	79,745	645,089
<b>Henrico County</b>	125	61,308	97,957,856

#### Section 4. Internal Interest Groups

As Sabatier (1999) described, “there are hundreds of actors from interest groups and governmental agencies, legislatures at different levels of government, researchers, and journalists involved in one or more aspects of the policy process” (p. 3). Sections 2 and 3 of this chapter weighed heavily on the influential power that governing bodies such as state legislatures, court officials, state administrators of departments of social services, ACF regional administrators, and federal stakeholders who represented the DHHS had on local departments of social services in New Jersey, Maryland, and Virginia. Analyses conducted in both sections demonstrated there was plausible evidence that suggested all of these governing bodies had a direct impact on how

effective local and state government officials were in ensuring that child-welfare programs were being successfully administered and implemented by local departments of social services.

The analyses also provided evidence that revealed how the unique needs and characteristics of a population within a state, the policies and guidelines that defined daily operations for local departments of social services, and the availability of personnel and financial resources affected the ability of federal stakeholders from the Children's Bureau and the ACF to conduct effective performance measures during all three phases of the CFSRs. Section 4 will provide more analytical evidence that shows how influential employees that work for local departments of social services and the administrators that run these agencies are in affecting those policies that govern which child-welfare services will be rendered, how they will be delivered, who will receive them, and within what time frame.

As revealed in Section 2 of the chapter, the organizational structure of states' departments of social services is influential in shaping the culture that exists within an agency. Front-line employees such as CPS, foster care, adoption, and family investment program workers are key contributors to what Blumberg (1987) describes as an evolving set of practices, meanings, and adaptations" that define an organization's culture (p. 159).

As demonstrated in the previous section, federal grants were not always being allocated to help support the implementation of child-welfare programs in those geographical areas within New Jersey, Maryland, and Virginia identified as having a greater need for such services. As Julnes (2009) described, "budgets are one of the main political struggles in organizations because they deal with limited resources" (p. 186). Julnes (2009) meant that the allocation of resources is not necessarily driven by the needs of a population but by the political climate that exists within

and outside of the organization that provides services to a community. For this reason, it became particularly important to take a closer look at how employees of an organization such as a local department of social services in New Jersey, Maryland, and Virginia participated in the political process and at those they selected to represent their interests as individuals and employees.

The public-assistance and child-welfare programs discussed throughout this study originated during the presidency of Franklin Delano Roosevelt and the Great Depression. For example, in 1935 the ADC program was created to assist orphans, widows, and divorced mothers and their children. Since then, these and other programs were created and expanded to meet the increasing needs of at-risk youth and their families. Historically, such programs have received greater philanthropic and financial support from Democrats serving in all branches of government at the local, state, and federal level.

Table 31 revealed that a vast majority of legislators in New Jersey, Maryland, and Virginia represented the Democratic Party. In Maryland, the state representatives (Lower House), state senators (Upper House), and governor were all controlled by the Democrats during its 2009 CFSRs. The legislative arm of New Jersey government was also predominantly Democratic but did have a Republican governor during the same period. Unlike New Jersey and Maryland, two-thirds of the power base in Virginia was controlled by the Republicans.

The power held by governors, representatives, and senators from these three states could only be granted by the will of the people (such as those individuals employed at local social-services agencies) if they felt that their needs and interests could be protected and served by the elected officials they voted for. Public employees at a human-services agency such as a local department of social services also have the power to choose and participate in a union they feel

will represent their needs and interests. The next paragraph will provide evidence that demonstrates how this type of relationship with union representatives can also create challenges for local and state government officials when implementing their child-welfare programs as well as the federal stakeholders tasked to evaluate that process during the CFSRs.

Table 31

*State Legislatures and Governors by Political Party Affiliation and State, 2009–11*

State Representatives	New Jersey	Maryland	Virginia
Democrat	47	104	39
Republican	33	36	59
State Senators			
Democrat	23	33	22
Republican	17	14	18
Governor			
Democrat		X	
Republican	X		X

Some may argue that unions should be considered an external interest group. The distinction, however, lies in the fact employees pay union representatives to act as an independent entity to protect their needs and interests directly related to the internal daily operations of their employer. Employees at public agencies such as local social-services agencies hire union representatives to ensure that their employers provide them with favorable working

conditions, competitive salaries and benefits, equal opportunities for pay increases, and career development. In other words, employees join unions to gain a more powerful voice within an organization and strengthen their influence when negotiating with employers about such issues.

Currently, more than 45 unions represent employees from a wide variety of professional backgrounds in New Jersey, Maryland, and Virginia. Of these, three represent the interests of employees working for local and state government agencies. These include the American Federation of State, County, and Municipal Employees (AFSCME), American Federation of Government Employees (AFGE), and the Service Employees International Union (SEIU). AFSCME has existed for more than 75 years and currently represents more than 1.6 million members. AFGE was founded in 1932 and represents about 5,000 employees working for the municipal government of Washington, D.C. SEIU has been around for over 90 years and represents more than 1 million local and state government workers. The alliance employees make with their unions is yet another tool that they can use to foster support for their interests and what they perceive as being in the best interest of the organization they work for and the relationship it has with the people in the local community that they serve. Directors of local departments of social services also represent a powerful internal interest group.

Hudson and Lowe (2009) supported the idea that “policy was decided by politicians and implemented by public administrators” (p. 246). Directors of local social-services agencies in New Jersey, Maryland, and Virginia are powerful because they collaborate with state administrators of the NJDHS, MDHR, and VDSS to encourage state legislatures to develop new policies that will address specific needs in their communities. The previous section analyzed examples of child-welfare legislation that became policy in each state in 2007, 2009, and 2010.

Directors of local departments of social services are key players as gatekeepers for ensuring that agencies comply with these new state policies and any federal mandates that accompany and support existing and new social-services policies within a state. Directors of social-services agencies must work closely with their assistant directors who, in turn, must ensure that those supervisors who report directly to them are monitoring and assessing their employees' level of compliance in implementing the agency's child-welfare mandates. As described in Table 16 of the previous chapter and analyzed in Sections 2 and 3 of this chapter, the unique qualities, organizational structure, and needs of a state will energize the recipients of social-services benefits to influence the political process that eventually enacts legislation to support their needs and interests. Directors of social-services agencies are ultimately responsible for making sure that income guidelines and maximum monthly payments for cash assistance and food stamps benefits, for example, outlined in Tables 32 and 33 as well as in the next paragraph, conform to existing state statutes.

As represented in Table 32, the maximum allowable monthly cash assistance payments awarded to families that qualify for these benefits vary from one state to another. No two monthly allotments with respect to the number of household members are the same among the three states. The biggest difference of maximum monthly payments for cash assistance was between Maryland and Virginia. A family of four in Virginia received \$119 less every month in cash assistance payments than a family of equal size in Maryland. A family of three in Maryland also received \$83 more than a family of three in Virginia. Table 32 also indicated that a single family member in Virginia received \$80 more every month than a similar family that resided in New Jersey. Directors of social-services agencies are ultimately responsible for ensuring that

their employees follow existing policies and procedures when deciding on which applicants qualify for cash assistance and providing them with the appropriate benefits in a timely manner. The net monthly income limits for food stamps among the three states will also be compared.

Table 32

*Maximum Monthly Payments for Cash Assistance in New Jersey, Maryland, and Virginia by Household Type*

Number of Household Members by State		Maximum Monthly Payments
New Jersey		
	1	\$162.00
	2	\$322.00
	3	\$424.00
	4	\$488.00
Maryland		
	1	\$210.00
	2	\$372.00
	3	\$472.00
	4	\$570.00
Virginia		
	1	\$242.00
	2	\$323.00
	3	\$389.00
	4	\$451.00



The roles and responsibilities of directors of local departments of social services are equally important when it comes to the distribution of food stamps benefits for all eligible applicants. As described in Table 33, the net monthly income limits for eligible applicants applying for food stamps benefits in a family consisting of up to four household members were similar in New Jersey and Virginia. The biggest disparity among the three states was between Maryland and Virginia. The net monthly income limits for a family of four applying for food stamps in Virginia was greater than that of Maryland. In fact, there was a \$196 monthly difference between the two. Moreover, Virginia had higher net income limits than Maryland for a family consisting of one, two, or three household members.

As stated earlier in this section, Directors of local departments of social services were influential as internal stakeholders/interest groups that collaborated with state administrators of the department of social services to petition for the different types of benefits analyzed in Tables 32 and 33. There are clear differences in the eligibility requirements and payment amounts awarded to eligible applicants among the three states. These differences represent the unique needs of community members that receive services from local departments of social services. If directors of these social-services agencies fail to ensure that their assistant directors, for example, are complying with state statutes and federal mandates that dictate the services and funding provided to implement their child-welfare programs, then the integrity and viability of the program could be jeopardized. As already explained in the previous three sections, the different policies and procedures that guide daily operations of these social-services agencies and the practices they employ to successfully meet existing federal mandates also make it difficult for federal stakeholders to apply a universal evaluation template during the CFSRs.

Table 33

*Net Monthly Income Limits for Food Stamps in New Jersey, Maryland, and Virginia by Household Type*

Number of Household Members	Net Monthly Income Limits
New Jersey	
1	\$903.00
2	\$1,215.00
3	\$1,526.00
4	\$1,838.00
Maryland	
1	\$817.00
2	\$1,100.00
3	\$1,384.00
4	\$1,667.00
Virginia	
1	\$908.00
2	\$1,226.00
3	\$1,545.00
4	\$1,863.00

## Conclusion

The previous four sections of the chapter provided a wide variety of analyses that tested the results introduced in the previous chapter using a theoretical framework developed by Julnes

(2009). The four variables that she developed included the rational/technocratic factor, culture, external interest groups, and internal interest groups. Each was used for a specific purpose in this chapter to highlight recurrent themes that arose from analyses used to connect thoughts and hypotheses with reasonable explanations derived from concrete evidence. Demographic and economic data provided the foundation from which to conduct these analyses in an attempt to identify those challenges experienced by local and state government officials who were responsible for implementing child-welfare programs. These data also exposed the difficulties federal stakeholders endured when conducting the CFSRs in New Jersey, Maryland, and Virginia. In short, the analyses conducted in each section of this chapter provided several dimensions from which to answer the second two-part question of the study.

The summaries found at the end of each section in this chapter provided a medium for consolidating the evidence that reviewed and challenged current policies and procedures employed by states when implementing their child-welfare programs. The study's purpose was not to criticize how states were conducting their business or undermine what federal stakeholders attempted to accomplish with the CFSRs. Instead, the study was driven by a strong desire to build a body of knowledge that may be used by government officials at the local, state, and federal level to illuminate what they have already been able to accomplish (by instituting and participating in the CFSRs) while providing recommendations that could help improve the process. The final section of this chapter will review recommendations that were built by evidence supported by demographic and economic data relevant and unique to New Jersey, Maryland, and Virginia.

## **Recommendations**

Federal stakeholders from the ACF should strongly consider increasing the total number of cases selected for the second phase (on-site portion) of the CFSRs. The total number of cases reviewed increased from 50 to 65 between 2004 and 2009 for all 50 states (including D.C. and Puerto Rico). The types of cases reviewed from this total sample, however, was smaller. Some of the cases selected were in-home services cases and included those children who had been abused and neglected but remained in the home while continuing to be monitored by CPS and, in most cases, the court as well. Foster-care cases related to children who had been removed from their home and now lived with foster parents. As described in Table 34, only 25 in-home services cases were selected during New Jersey's 2009 CFSRs. The disparity between the number of in-home services and foster-care cases that were selected during Virginia's 2009 CFSRs was equally high. The biggest difference between these two types of cases was evident during the 2009 CFSRs in Maryland, when there were 16 fewer in-home services cases than foster-care cases.

A closer look at these two types of cases revealed that the way in which they were distributed varied among the counties within a state. During the 2009 CFSRs in New Jersey, for example, the number of cases where federal stakeholders evaluated Item 2 (repeat maltreatment) varied among its three counties selected that year. Essex County had eight such cases, Gloucester County had six, and Somerset County had six. In other words, of the 65 cases that were reviewed in New Jersey in 2009, only 20 of them included a categorical evaluation of this Item.

During the 2009 CFSRs in Maryland, only 18 of the 65 cases were selected for assessment of Item 2 (repeat maltreatment). Virginia's 2009 CFSRs revealed similar disparities.

Only 14 of the 65 cases selected examined Item 2. Fairfax County accounted for six of these, followed by the City of Hampton with five and Tazewell County with three. Such relatively small samples and subsamples of cases reviewed make it quite challenging for federal stakeholders conducting the CFSRs to capture all pertinent data relevant to members of a community that receive child-welfare services. For these reasons, the sample of cases reviewed during the CFSRs should be larger.

Table 34

*Foster-care and In-home Services Cases Selected for 2004 and 2009 CFSRs in New Jersey, Maryland, and Virginia*

State and Year	Foster-care Cases	In-home Services Cases
New Jersey		
2004	25	25
2009	40	25
Maryland		
2004	30	19
2009	40	24
Virginia		
2004	27	23
2009	40	25

Section 1 of this chapter provided demographic and economic data that produced evidence supporting a need for federal stakeholders to examine additional data about the states and communities they evaluated during the CFSRs. This would help provide them with a more dynamic and multi-dimensional approach for selecting those communities that should participate in the second phase (on-site portion) of the CFSRs.

The analyses conducted in Section 3 of this chapter revealed discrepancies related to how federal expenditures that supported states' child-welfare programs were allocated and distributed. Some of the counties that did not participate in the CFSRs received more federal monies for their social services and child-welfare programs than those that did. This raises several concerns including the fact that those at-risk youth and their families who could benefit most from these services are not receiving them.

A system of rewards that recognizes deficiencies a social-services agency may have and provides support to adequately address any obstacles that interfere with its ability to provide high-quality child-welfare services should be established. This could encourage more agencies to embrace performance measures such as the CFSRs because they would be viewed as a helpful tool for accurately assessing their abilities, nurturing existing strengths, and providing support to correct their deficiencies rather than a medium for inflicting punitive measures. The first two rounds of CFSRs have increased our knowledge about the different child-welfare policies, procedures, and practices adopted and implemented by local departments of social services throughout the country. The recommendations made here stem from the evidence created from this study that adds to the existing knowledge base and hopefully encourages more research in the future that could help improve this process altogether.

## APPENDIX A

### CFSR STATEWIDE ASSESSMENT INSTRUMENT

#### Statewide Assessment Instrument

##### Section I – General Information

Name of State Agency	
Period Under Review	
Onsite Review Sample Period: _____	
Period of AFCARS Data: _____	
Period of NCANDS Data (or other approved source; please specify if alternative data source is used): _____	
State Agency Contact Person for the Statewide Assessment	
Name:	
Title:	
Address:	
Phone:	
Fax:	
E-mail:	

## Section II – Safety and Permanency Data

For detailed information about the data profile including a Quick Reference Guide to the Child and Family Services Reviews State Data Profile Elements, a toolkit is available on the National Resource Center for Information Technology Web site at [www.nrcswd.org/cfsr/cfsr\\_toolkit.html](http://www.nrcswd.org/cfsr/cfsr_toolkit.html).

State Data Profile Example

Child Safety Profile	Fiscal Year 2004						Fiscal Year 2005						Fiscal Year 2006					
	Reports	%	Duplic. Cm. <sup>2</sup>	%	Unique Cm. <sup>2</sup>	%	Reports	%	Duplic. Cm. <sup>2</sup>	%	Unique Cm. <sup>2</sup>	%	Reports	%	Duplic. Cm. <sup>2</sup>	%	Unique Cm. <sup>2</sup>	%
I. Total CA/N Reports Disposed <sup>1</sup>																		
II. Disposition of CA/N Reports <sup>3</sup>																		
Substantiated and Indicated																		
Unsubstantiated																		
Other																		
III. Child Cases Opened for Services <sup>5</sup>																		
IV. Children Entering Care Based on CA/N Report <sup>6</sup>																		
V. Child Fatalities <sup>4</sup>																		
STATEWIDE AGGREGATE DATA USED TO DETERMINE SUBSTANTIAL CONFORMITY																		
VI. Absence of Maltreatment Recurrence <sup>7</sup> [Standard: 94.6% or more]																		
VII. Absence of Child Abuse and/or Neglect in Foster Care <sup>8</sup> (12 months) [Standard: 99.63% or more]																		

The permanency data for the 12-month period ending September 30, 2006, were based on the annual file created. All CFSR round one safety results are on page 15; permanency round one results are on page 30.



ADDITIONAL SAFETY MEASURES FOR INFORMATION ONLY*												
	Fiscal Year 2004				Fiscal Year 2005				Fiscal Year 2006			
	Hours		Unique Cmn. <sup>2</sup>	%	Hours		Unique Cmn. <sup>2</sup>	%	Hours		Unique Cmn. <sup>2</sup>	%
VIII. Median Time to Investigation in Hours (Child File) <sup>9</sup>												
IX. Mean Time to Investigation in Hours (Child File) <sup>10</sup>												
X. Mean Time to Investigation in Hours (Agency File) <sup>11</sup>												
XI. Children Maltreated by Parents While in Foster Care <sup>12</sup>												
CESR ROUND ONE SAFETY MEASURES TO DETERMINE SUBSTANTIAL CONFORMITY**												
	Fiscal Year 2004				Fiscal Year 2005				Fiscal Year 2006			
	Reports	%	Duplic. Cmn. <sup>2</sup>	%	Reports	%	Duplic. Cmn. <sup>2</sup>	%	Reports	%	Duplic. Cmn. <sup>2</sup>	%
XII. Recurrence of Maltreatment <sup>13</sup> [Standard: 6.1% or less]												
XIII. Incidence of Child Abuse and/or Neglect in Foster Care <sup>14</sup> (9 months) [Standard: 0.57% or less]												

\*There are no national standards associated with these measures.

\*\*These measures are used primarily by States completing round one Program Improvement Plans, but States also may review them to compare to prior performance.

The permanency data for the 12-month period ending September 30, 2006, were based on the annual file created. All CESR round one safety results are on page 15; permanency round one results are on page 30.

Section II – Safety and Permanency Data

NCANDS DATA COMPLETENESS INFORMATION FOR THE CFSR			
Description of Data Tests	Fiscal Year 2004	Fiscal Year 2005	Fiscal Year 2006
Percent of Duplicate Victims in the Submission [At least 1% of victims should be associated with multiple reports (same CHID). If not, the State would appear to have frequently entered different IDs for the same victim. This affects maltreatment recurrence.]			
Percent of Victims With Perpetrator Reported [File must have at least 75% to reasonably calculate maltreatment in foster care.]			
Percent of Perpetrators With Relationship to Victim Reported [File should have at least 75%.]			
Percent of Records With Investigation Start Date Reported [Needed to compute mean and median time to investigation.]			
Average Time to Investigation in the Agency File [PART measure.]			
Percent of Records With AFCARS ID Reported in the Child File [Needed to calculate maltreatment in foster care by the parents; also, all Child File records should now have an AFCARS ID to allow ACF to link the NCANDS data with AFCARS. This is now an all-purpose unique child identifier and a child does not have to be in foster care to have this ID.]			

The permanency data for the 12-month period ending September 30, 2006, were based on the annual file created. All CFSR round one safety results are on page 15; permanency round one results are on page 30.

### Footnotes To Data Elements In Child Safety Profile

Each maltreatment allegation reported to NCANDS is associated with a disposition or finding that is used to derive the counts provided in this safety profile. The safety profile uses three categories. The various terms that are used in NCANDS reporting have been collapsed into these three groups.

Disposition Category	Safety Profile Disposition	NCANDS Maltreatment Level Codes Included
A	Substantiated or Indicated (Maltreatment Victim)	-Substantiated, -Indicated, and -Alternative Response Disposition Victim
B	Unsubstantiated	-Unsubstantiated and -Unsubstantiated Due to Intentionally False Reporting
C	Other	-Closed — No Finding, -Alternative Response Disposition — Not a Victim, "Other," -No Alleged Maltreatment, and -Unknown or Missing

-Alternative Response" was added starting with the 2000 data year. The two categories of -Unsubstantiated" were added starting with the 2000 data year. In earlier years, there was only the category of -Unsubstantiated." The disposition of -No alleged maltreatment" was added for Federal FY 2003. It primarily refers to children who receive an investigation or assessment because there is an allegation concerning a sibling or other child in the household, but not themselves, and who are not found to be a victim of maltreatment. It applies as a Maltreatment Disposition Level but not as a Report Disposition code because the Report Disposition cannot have this value (there must have been a child who was found to be one of the other values).

Starting with Federal FY 2003, the data year is the fiscal year.

Starting with Federal FY 2004, the maltreatment levels for each child are used consistently to categorize children. While report dispositions are based on the field of report disposition in NCANDS, the dispositions for duplicate children and unique children are based on the maltreatment levels associated with each child. A child victim has at least one maltreatment level that is coded -substantiated, -indicated, or -alternative response victim." A child classified as unsubstantiated has no maltreatment levels that are considered to be victim levels and at least one maltreatment level that is coded -unsubstantiated" or -unsubstantiated due to intentionally false reporting." A child classified as -other" has no maltreatment levels that are considered to be victim levels and none that are considered to be unsubstantiated levels. If a child has no maltreatments in the record, and the report has a victim disposition, the child is assigned to -other" disposition. If a child has no maltreatments in the record and the report has either an unsubstantiated disposition or an -other" disposition, the child is counted as having the same disposition as the report disposition.

*The permanency data for the 12-month period ending September 30, 2006, were based on the annual file created. All CFRS round one safety results are on page 15; permanency round one results are on page 30.*

1. The data element, ~~“Total CA/N Reports Disposed,”~~ is based on the reports received in the State that received a disposition in the reporting period under review. The number shown may include reports received during a previous year that received a disposition in the reporting year. Counts based on ~~“reports,”~~ ~~“duplicated counts of children,”~~ and ~~“unique counts of children”~~ are provided.
2. The duplicated count of children (report-child pairs) counts a child each time that (s)he was reported. The unique count of children counts a child only once during the reporting period, regardless of how many times the child was reported.
3. For the column labeled ~~“Reports,”~~ the data element, ~~“Disposition of CA/N Reports,”~~ is based on the highest disposition of any child who was the subject of an investigation in a particular report. For example, if a report investigated two children, and one child is found to be neglected and the other child found not to be maltreated, the report disposition will be substantiated (Group A). The disposition for each child is based on the specific finding related to the maltreatment(s). In other words, of the two children above, one is a victim and is counted under ~~“substantiated”~~ (Group A) and the other is not a victim and is counted under ~~“unsubstantiated”~~ (Group B). In determining the unique counts of children, the highest finding is given priority. If a child is found to be a victim in one report (Group A), but not a victim in a second report (Group B), the unique count of children includes the child only as a victim (Group A). The category of ~~“either”~~ (Group C) includes children whose report may have been ~~“closed without a finding,”~~ children for whom the allegation disposition is ~~“unknown,”~~ and other dispositions that a State is unable to code as substantiated, indicated, alternative response victim, or unsubstantiated.
4. The data element ~~“Child Cases Opened for Services”~~ is based on the number of victims (Group A) during the reporting period under review. ~~“Opened for Services”~~ refers to post-investigative services. The duplicated number counts each time a victim’s report is linked to ongoing services; the unique number counts a victim only once regardless of the number of times services are linked to reports of substantiated maltreatment.
5. The data element ~~“Children Entering Care Based on CA/N Report”~~ is based on the number of victims (Group A) during the reporting period under review. The duplicated number counts each time a victim’s report is linked to a foster care removal date. The unique number counts a victim only once regardless of the number of removals that may be reported.
6. The data element ~~“Child Fatalities”~~ counts the number of children reported to NCANDS as having died as a result of child abuse and/or neglect. Depending upon State practice, this number may count only those children for whom a case record has been opened either prior to or after the death, or may include a number of children whose deaths have been investigated as possibly related to child maltreatment. For example, some States include neglect-related deaths such as those caused by motor

*The permanency data for the 12-month period ending September 30, 2006, were based on the annual file created. All CFSR round one safety results are on page 15; permanency round one results are on page 30.*

vehicle or boating accidents, house fires or access to firearms, under certain circumstances. The percentage is based on a count of unique victims of maltreatment for the reporting period.

7. The data element –Absence of Recurrence of Maltreatment” is defined as follows: Of all children who were victims of a substantiated or indicated maltreatment allegation during the first 6 months of the reporting period, what percent were not victims of another substantiated or indicated maltreatment allegation within a 6-month period? This data element is used to determine the State’s substantial conformity with Safety Outcome #1.

8. The data element –Absence of Child Abuse/or Neglect in Foster Care” is defined as follows: Of all children in foster care during the reporting period, what percent were not victims of substantiated or indicated maltreatment by a foster parent or facility staff member. This data element is used to determine the State’s substantial conformity with Safety Outcome #1. A child is counted as not having been maltreated in foster care if the perpetrator of the maltreatment was not identified as a foster parent or residential facility staff. Counts of children not maltreated in foster care are derived by subtracting NCANDS count of children maltreated by foster care providers from AF-CARS count of children placed in foster care. The observation period for this measure is 12 months. The number of children not found to be maltreated in foster care and the percentage of all children in foster care are provided.

9. –Median Time to Investigation in Hours” is computed from the Child File records using the Report Date and the Investigation Start Date (currently reported in the Child File in mmdyyy format). The result is converted to hours by multiplying by 24.

10. –Mean Time to Investigation in Hours” is computed from the Child File records using the Report Date and the Investigation Start Date (currently reported in the Child File in mmdyyy format). The result is converted to hours by multiplying by 24. Zero days difference (both dates are on the same day) is reported as –under 24 hours,” one day difference (investigation date is the next day after report date) is reported as –at least 24 hours, but less than 48 hours,” two days difference is reported as –at least 48 hours, but less than 72 hours,” etc.

11. –Average Response Time in Hours Between Maltreatment Report and Investigation” is available through State NCANDS Agency or SDC File aggregate data. –Response time” is defined as the time from the receipt of a report to the time of the initial investigation or assessment. Note that many States calculate the initial investigation date as the first date of contact with the alleged victim, when this is appropriate, or with another person who can provide information essential to the disposition of the investigation or assessment.

*The permanency data for the 12-month period ending September 30, 2006, were based on the annual file created. All CFSR round one xofery results are on page 15; permanency round one results are on page 30.*

12. The data element, ~~Children Maltreated by Parents While in Foster Care~~ is defined as follows: Of all children placed in foster care during the reporting period, what percent were victims of substantiated or indicated maltreatment by parent? This data element requires matching NCANDS and AFCARS records by AFCARS IDs. Only unique NCANDS children with substantiated or indicated maltreatments and perpetrator relationship —Parent are selected for this match. NCANDS report date must fall within the removal period found in the matching AFCARS record.
13. The data element, ~~Recurrence of Maltreatment~~, is defined as follows: Of all children associated with a ~~substantiated~~ or ~~indicated~~ finding of maltreatment during the first six months of the reporting period, what percentage had another ~~substantiated~~ or ~~indicated~~ finding of maltreatment within a 6-month period? The number of victims during the first six-month period and the number of these victims who were recurrent victims within six months are provided. This data element was used to determine the State's substantial conformity with Safety Outcome #1 for CFSR round one.
14. The data element, ~~Incidence of Child Abuse and/or Neglect in Foster Care~~, is defined as follows: Of all children who were served in foster care during the reporting period, what percentage were found to be victims of ~~substantiated~~ or ~~indicated~~ maltreatment? A child is counted as having been maltreated in foster care if the perpetrator of the maltreatment was identified as a foster parent or residential facility staff. Counts of children maltreated in foster care are derived from NCANDS, while counts of children placed in foster care are derived from AFCARS. The observation period for these measures is January-September because this is the reporting period that was jointly addressed by both NCANDS and AFCARS at the time when the NCANDS reporting period was a calendar year. The number of children found to be maltreated in foster care and the percentage of all children in foster care are provided. This data element was used to determine the State's substantial conformity with Safety Outcome #1 for CFSR round one.

**Additional Footnotes:**

*The permanency data for the 12-month period ending September 30, 2006, were based on the annual file created. All CFSR round one safety results are on page 15; permanency round one results are on page 30.*

Point-In-Time Permanency Profile		Federal FY 2004 AB		Federal FY 2005 AB		Federal FY 2006 AB	
I. Foster Care Population Flow		# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
Children in Foster Care on First Day of Year							
Admissions During Year							
Discharges During Year							
Children Discharging from Foster Care in 7 days or less*							
Children in Care on Last Day of Year							
Net Change During Year							
II. Placement Types for Children in Care							
Pre-adoptive Homes							
Foster Family Homes (Relative)							
Foster Family Homes (Non-relative)							
Group Homes							
Institutions							
Supervised Independent Living							
Runaway							
Trial Home Visit							
Missing Placement Information							
Not Applicable (Placement in Subsequent Year)							
III. Permanency Goals for Children in Care							
Reunification							
Live With Other Relatives							
Adoption							
Long-Term Foster Care							
Emancipation							
Guardianship							
Case Plan Goal Not Established							
Missing Goal Information							

\* These cases are excluded from length of stay calculations in the composite measures.

The permanency data for the 12-month period ending September 30, 2006, were based on the annual file created. All CFRS round one safety results are on page 15; permanency round one results are on page 30.

Section II - Safety and Permanency Data

Point-In-Time Permanency Profile		Federal FY 2004 AB		Federal FY 2005 AB		Federal FY 2006 AB	
IV. Number of Placement Settings in Current Episode		# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
One							
Two							
Three							
Four							
Five							
Six or More							
Missing Placement Settings							
V. Number of Removal Episodes							
One							
Two							
Three							
Four							
Five							
Six or More							
Missing Removal Episodes							
VI. Number of Children in Care 17 of the Most Recent 22 Months <sup>1</sup> (Percent Based on Cases With Sufficient Information for Computation)							
VII. Median Length of Stay in Foster Care (of Children in Care on Last Day of FY)		Number of Months		Number of Months		Number of Months	
VIII. Length of Time to Achieve Permanency Goal		# of Children Discharged	Median Months to Discharge	# of Children Discharged	Median Months to Discharge	# of Children Discharged	Median Months to Discharge
Reunification							
Adoption							
Guardianship							
Other							
Missing Discharge Reason <sup>2</sup>							
Total Discharges (excluding those with problematic dates)							
Dates Are Problematic <sup>3</sup>							

The permanency data for the 12-month period ending September 30, 2006, were based on the annual file created. All CFSR round one safety results are on page 15, permanency round one results are on page 30.



STATEWIDE AGGREGATE DATA USED IN DETERMINING SUBSTANTIAL CONFORMITY: COMPOSITES 1 THROUGH 4			
IX. Permanency Composite I: Timeliness and Permanency of Reunification [Standard: 132.6 or Higher] Scaled scores for this composite incorporate two components.	FY 2004 AB State Score =	FY 2005 AB State Score =	FY 2006 AB State Score =
<b>Component A: Timeliness of Reunification</b> The timeliness component is composed of three timeliness individual measures.  Measure C1 - 1: Exits to reunification in less than 12 months: Of all children discharged from foster care (FC) to reunification in the target 12-month period, and who had been in FC for 8 days or longer, what percent was reunified in less than 12 months from the date of the latest removal from home? (Includes trial home visit adjustment) [National median = 69.9%, 75 <sup>th</sup> percentile = 75.2%]  Measure C1 - 2: Exits to reunification, median stay: Of all children discharged from foster care (FC) to reunification in the target 12-month period, and who had been in FC for 8 days or longer, what was the median length of stay (in months) from the date of the latest removal from home until the date of discharge to reunification? (This includes trial home visit adjustment) [National median = 6.5 months, 25 <sup>th</sup> percentile = 5.4 months (low is "good" in this measure)]  Measure C1 - 3: Entry cohort reunification in < 12 months: Of all children entering foster care (FC) for the first time in the 6-month period just prior to the target 12-month period, and who remained in FC for 8 days or longer, what percent was discharged from FC to reunification in less than 12 months from the date of the latest removal from home? (Includes trial home visit adjustment) [National median = 39.4%, 75 <sup>th</sup> percentile = 48.4%]  <b>Component B: Permanency of Reunification.</b> The permanency component has one measure.  Measure C1 - 4: Re-entries to foster care in less than 12 months: Of all children discharged from foster care (FC) to reunification in the 12-month period prior to the target 12-month period, what percent re-entered FC in less than 12 months from the date of discharge? [National median = 15.0%, 25 <sup>th</sup> percentile = 9.9% (low is "good" in this measure)]			

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Section II - Safety and Permanency Data

STATEWIDE AGGREGATE DATA USED IN DETERMINING SUBSTANTIAL CONFORMITY: COMPOSITES 1 THROUGH 4			
X. Permanency Composite 2: Timeliness of Adoptions [Standard: 106.4 or higher]. Scaled scores for this composite incorporate three components.	Federal FY 2004 AB	Federal FY 2005 AB	Federal FY 2006 AB
	State Score =	State Score =	State Score =
Component A: Timeliness of Adoptions of Children Discharged From Foster Care. There are two individual measures of this component. See below.			
Measure C2 - 1: Exits to adoption in less than 24 months: Of all children who were discharged from foster care to a finalized adoption in the target 12-month period, what percent was discharged in less than 24 months from the date of the latest removal from home? [National median = 26.8%, 75 <sup>th</sup> percentile = 36.6%]			
Measure C2 - 2: Exits to adoption, median length of stay: Of all children who were discharged from foster care (FC) to a finalized adoption in the target 12-month period, what was the median length of stay in FC (in months) from the date of the latest removal from home to the date of discharge to adoption? [National median = 32.4 months, 75 <sup>th</sup> percentile = 27.3 months]			
Component B: Progress Toward Adoption for Children in Foster Care for 17 Months or Longer. There are two individual measures. See below.			
Measure C2 - 3: Children in care 17+ months, adopted by the end of the year: Of all children in foster care (FC) on the first day of the target 12-month period, and who were in FC for 17 continuous months or longer (and who, by the last day of the year shown, were not discharged from FC with a discharge reason of live with relative, reunify, or guardianship), what percent was discharged from FC to a finalized adoption by the last day of the year shown? [National median = 20.2%, 25 <sup>th</sup> percentile = 22.7% (low is "good" for this measure)]			
Measure C2 - 4: Children in care 17+ months achieving legal freedom within 6 months: Of all children in foster care (FC) on the first day of the target 12-month period, and who were in FC for 17 continuous months or longer, and were not legally free for adoption prior to that day, what percent became legally free for adoption during the first 6 months of the year shown? Legally free means that there was a parental rights termination date reported to AICARS for both mother and father. This calculation excludes children who, by the end of the first 6 months of the year shown had discharged from FC to "reunification," "live with relative," or "guardianship." [National median = 8.8, 75 <sup>th</sup> percentile = 10.9%]			

The permanency data for the 12-month period ending September 30, 2006, were based on the annual file created. All CFSR round one safety results are on page 15; permanency round one results are on page 30.

STATEWIDE AGGREGATE DATA USED IN DETERMINING SUBSTANTIAL CONFORMITY: COMPOSITES 1 THROUGH 4			
	Federal FY 2004 AB	Federal FY 2005 AB	Federal FY 2006 AB
<b>Component C: Progress Toward Adoption of Children Who Are Legally Free for Adoption.</b> There is one measure for this component. See below.			
<b>Measure C2 - 5. Legally free children adopted in less than 12 months:</b> Of all children who became legally free for adoption in the 12-month period prior to the target 12 month period (i.e., there was a parental rights termination date reported to AFCARS for both mother and father), what percent was discharged from foster care to a finalized adoption in less than 12 months of becoming legally free? [National median = 45.8%, 75 <sup>th</sup> percentile = 53.7%]			
<b>XI. Permanency Composite 3: Permanency for Children and Youth in Foster Care for Long Periods of Time</b> [Standard: 121.7 or higher] Scaled scores for this composite incorporate two components:	State Score =	State Score =	State Score = xx
<b>Component A: Achieving Permanency for Children in Foster Care for Long Periods of Time.</b> This component has two measures.			
<b>Measure C3 - 1: Exits to permanency prior to 18th birthday for children in care for 24 + months.</b> Of all children in foster care for 24 months or longer on the first day of the target 12-month period, what percent was discharged to a permanent home prior to their 18th birthday and by the end of the fiscal year? A permanent home is defined as having a discharge reason of adoption, guardianship, or reunification. [National median 25.0%, 75 <sup>th</sup> percentile = 29.1%]			
<b>Measure C3 - 2: Exits to permanency for children with TPR:</b> Of all children who were discharged from foster care in the target 12-month period, and who were legally free for adoption at the time of discharge (i.e., there was a parental rights termination date reported to AFCARS for both mother and father), what percent was discharged to a permanent home prior to their 18th birthday? A permanent home is defined as having a discharge reason of adoption, guardianship, or reunification. [National median 96.8%, 75 <sup>th</sup> percentile = 98.0%]			
<b>Component B: Growing Up in Foster Care.</b> This component has one measure.			
<b>Measure C3 - 3: Children Emancipated Who Were in Foster Care for 3 Years or More.</b> Of all children who, during the 12-month target period, either (1) were discharged from foster care prior to age 18 with a discharge reason of emancipation, or (2) reached their 18 <sup>th</sup> birthday while in foster care, what percent were in foster care for 3 years or longer? [National median 47.8%, 25 <sup>th</sup> percentile = 37.5 % (low is "good" for this measure)]			

The permanency data for the 12-month period ending September 30, 2006, were based on the annual file created. All CFSR round one safety results are on page 15; permanency round one results are on page 30.

Section II - Safety and Permanency Data

STATEWIDE AGGREGATE DATA USED IN DETERMINING SUBSTANTIAL CONFORMITY: COMPOSITES 1 THROUGH 4			
	Federal FY 2004 AB	Federal FY 2005 AB	Federal FY 2006 AB
XII. Permanency Composite 4: Placement Stability [National standard: 101.5 or higher]. Scaled score for this composite incorporates no components but three individual measures (below)	State Score =	State Score =	State Score =
Measure C4 - 1: Two or fewer placement settings for children in care for less than 12 months: Of all children served in foster care (FC) during the 12-month target period and who were in FC for at least 8 days but less than 12 months, what percent had two or fewer placement settings? [National median = 83.3%, 75 <sup>th</sup> percentile = 86.0%]			
Measure C4 - 2: Two or fewer placement settings for children in care for 12 to 24 months: Of all children served in foster care (FC) during the 12-month target period who were in FC for at least 12 months but less than 24 months, what percent had two or fewer placement settings? [National median = 59.9%, 75 <sup>th</sup> percentile = 65.4%]			
Measure C4 - 3: Two or fewer placement settings for children in care for 24+ months: Of all children served in foster care (FC) during the 12-month target period who were in FC for at least 24 months, what percent had two or fewer placement settings? [National median = 33.9%, 75 <sup>th</sup> percentile = 41.8%]			

Special Footnotes for Composite Measures:

In most cases, a high score is good on the individual measures. In these cases, you will see the 75th percentile listed to indicate that this would be considered a good score. However, in a few instances, a low score is good (shows desirable performance), such as re-entry to foster care. In these cases, the 25th percentile is displayed because that is the target direction for which States will want to strive.

Of course, in actual calculation of the total composite scores, these "low is good" scores on the individual measures are reversed so they can be combined with all the individual scores that are scored in a positive direction, where "high is good."

*This data profile is for illustrating the format and showing the national standards. Changes in the format may be made over time. The permanency data for the 12-month period ending September 30, 2006, were based on the annual file created. All CFRS round one safety results are on page 15; permanency round one results are on page 30.*

Section II - Safety and Permanency Data

Permanency Profile First-Time Entry Cohort Group		Federal FY 2004 AB		Federal FY 2005 AB		Federal FY 2006 AB	
I. Number of Children Entering Care for the First Time in Cohort Group (% = first-time entry of all entering within first 6 months)		# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
II. Most Recent Placement Types							
Pre-adoptive Homes							
Foster Family Homes (Relative)							
Foster Family Homes (Non-relative)							
Group Homes							
Institutions							
Supervised Independent Living							
Runaway							
Tital Home Visit							
Missing Placement Information							
Not Applicable (Placement in Subsequent Year)							
III. Most Recent Permanency Goal							
Reunification							
Live With Other Relatives							
Adoption							
Long-Term Foster Care							
Emancipation							
Guardianship							
Case Plan Goal Not Established							
Missing Goal Information							

The permanency data for the 12-month period ending September 30, 2006, were based on the annual file created. All CFSR round one safety results are on page 15; permanency round one results are on page 30.

Section II - Safety and Permanency Data

Permanency Profile First-Time-Entry Cohort (Group)		Federal FY 2004 AB		Federal FY 2005 AB		Federal FY 2006 AB	
IV. Number of Placement Settings in Current Episode		# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
One							
Two							
Three							
Four							
Five							
Six or More							
Missing Placement Settings							
V. Reason for Discharge							
Reunification/Relative Placement							
Adoption							
Guardianship							
Other							
Unknown (Missing Discharge Reason or NA)							
VI. Median Length of Stay in Foster Care		Number of Months		Number of Months		Number of Months	

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AF-CARS DATA COMPLETENESS AND QUALITY INFORMATION*						
	Federal FY 2004 AB	Federal FY 2005 AB	Federal FY 2006 AB			
	N	As a Percent of Exits Reported	N	As a Percent of Exits Reported	N	As a Percent of Exits Reported
File Contains Children Who Appear to Have Been in Care Less Than 24 Hours						
File Contains Children Who Appear to Have Exited Before They Entered						
Missing Dates of Latest Removal						
File Contains —Dropped Cases” Between Report Periods With No Indication as to Discharge						
Missing Discharge Reasons						
File Submitted Lacks Data on Termination of Parental Rights for Finalized Adoptions	N	As a Percent of Adoption Exits	N	As a Percent of Adoption Exits	N	As a Percent of Adoption Exits
Foster Care File Has Different Count Than Adoption File of (Public Agency) Adoptions (N=Adoption Count Disparity)						
	N	As a Percent of Cases Having Missing Data	N	As a Percent of Cases Having Missing Data	N	As a Percent of Cases Having Missing Data
File Submitted Lacks Count of Number of Placement Settings in Episode for Each Child						

\* 2% or more is a warning sign.

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Section II - Safety and Permanency Data

PERMANENCY AGGREGATE DATA USED TO DETERMINE SUBSTANTIAL CONFORMITY IN ROUND ONE						
	Federal FY 2004 AB		Federal FY 2005 AB		Federal FY 2006 AB	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
IX. Of all children who were reunified with their parents or caretakers at the time of discharge from foster care, what percentage was reunified in less than 12 months from the time of the latest removal from home? (4.1) [Standard: 76.2% or more]						
X. Of all children who exited care to a finalized adoption, what percentage exited care in less than 24 months from the time of the latest removal from home? (5.1) [Standard: 32.0% or more]						
XI. Of all children served who have been in foster care less than 12 months from the time of the latest removal from home, what percentage have had no more than two placement settings? (6.1) [Standard: 86.7% or more]						
XII. Of all children who entered care during the year, what percentage re-entered foster care within 12 months of a prior foster care episode? (4.2) [Standard: 8.6% or less]						

\* These are CFSR round one permanency measures. They are intended to be used primarily by States completing round one Program Improvement Plans, but also could be useful to States in CFSR round two in comparing their current performance to that of prior years.

The permanency data for the 12-month period ending September 30, 2006, were based on the annual file created. All CFSR round one safety results are on page 15; permanency round one results are on page 30



### Footnotes to Data Elements in the Permanency Profile

1. We designated the indicator, 17 of the most recent 22 months, rather than the statutory time frame for initiating termination of Parental Rights proceedings at 15 of the most 22 months, since the AFCARS system cannot determine the date the child is considered to have entered foster care as defined in the regulation. We used the outside date for determining the date the child is considered to have entered foster care, which is 60 days from the actual removal date.
2. This count only includes case records missing a discharge reason, but which have calculable lengths of stay. Records missing a discharge reason and with non-calculable lengths of stay are included in the cell "Dates are Problematic."
3. The dates of removal and exit needed to calculate length of stay are problematic. Such problems include: 1) missing data, 2) faulty data (chronologically impossible), 3) a child was in care less than 1 day (length of stay = 0) so the child should not have been reported in foster care file, or 4) child's length of stay would equal 21 years or more. These cases are marked NA = Not Applicable because no length of stay can legitimately be calculated.

*The permanency data for the 12-month period ending September 30, 2006, were based on the annual file created. All CFSR round one safety results are on page 15; permanency round one results are on page 30.*

### **Section III – Narrative Assessment of Child and Family Outcomes**

#### **Instructions**

To complete the narrative assessment for each outcome item, including the data analysis, State agencies should do the following:

1. Describe and compare any changes in data over time, specifically including changes since the previous Statewide Assessment and Program Improvement Plan (PIP), the reasons for those changes, the factors affecting the numbers, and the effect on the safety, permanency, and well-being outcomes.
2. Describe the additional data, case review, or interview results that could explain the reasons for the numbers or outcomes.
3. Discuss each item even if no change is detected, and describe whether or not the lack of change is a desirable outcome.
4. For the outcome items that are to be measured against the national standards and composite measures, discuss the State's performance as indicated in the data profile provided for the Statewide Assessment, compare it with the national standard and individual data elements in the composite measure, and determine its level of conformity on the basis of the most recent year included in the profile. Describe the issues or factors that may have affected the item's level of conformity, including changes since the first Statewide Assessment and PIP.
5. Use the exploratory issues to thoroughly address the factors that affect each item and to evaluate how effectively the State is performing with regard to each outcome.

## A. Safety

### **Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.**

**Item 1: Timeliness of initiating investigations of reports of child maltreatment.** How effective is the agency in responding to incoming reports of child maltreatment in a timely manner?

Address the relevant exploratory issues below in discussing this item:

- Brief description of/update on the State's policy requirements regarding this item, including alternative response policy requirements, if applicable
- How the policy requirements described above are reflected in practice
- Changes in performance and practice regarding this item since the previous Statewide Assessment; these might include (1) changes resulting from PIP implementation and/or other initiatives or strategies implemented by the State and (2) patterns or trends in, or statewide or local factors affecting, those changes
- Measures of effectiveness that demonstrate the State's functioning for this item, including quality assurance results, if available, and other data about the timeliness of investigations
- Factors that are affecting the State's performance on safety data profile elements XIII and IX concerning response time, and possible data quality issues
- Casework practices and resource issues that affect this item, such as the availability of bilingual caseworkers
- Factors affecting the rate of substantiated versus unsubstantiated reports, and factors that influence decisionmaking regarding the disposition of incoming reports
- Influences or issues specific to a particular region or county
- Key collaborators with the agency on this item, where applicable
- Strengths that the State has demonstrated in addressing or implementing this item, including factors external to the agency
- Promising approaches in this area
- Barriers that the State faces with regard to successfully addressing or implementing this item, including factors external to the agency

**Item 2: Repeat maltreatment.** How effective is the agency in reducing the recurrence of maltreatment of children?

Address the relevant exploratory issues below in discussing this item:

- Brief description of/update on the State's policy requirements regarding this item
- How the policy requirements described above are reflected in practice
- Changes in performance and practice regarding this item since the previous Statewide Assessment; these might include (1) changes resulting from PIP implementation and/or other initiatives or strategies implemented by the State and (2) patterns or trends in, or statewide or local factors affecting, those changes
- Measures of effectiveness that demonstrate the State's functioning for this item, including quality assurance results, if available, and other data about repeat maltreatment
- Factors that are affecting the State's performance on safety data profile elements VI and XI; reasons that the State either exceeds or does not meet the national standards, including factors that affect the rates of absence of maltreatment recurrence in the State; and possible data quality issues
- Casework practices and resource issues that affect this item, such as the availability of services to families
- System used by the State for tracking and analyzing repeat maltreatment
- Patterns in the circumstances, characteristics, and demographics of children who experience repeat maltreatment
- Influences or issues specific to a particular region or county
- Key collaborators with the agency on this item, where applicable
- Strengths that the State has demonstrated in addressing or implementing this item, including factors external to the agency
- Promising approaches in this area
- Barriers that the State faces with regard to successfully addressing or implementing this item, including factors external to the agency

**Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.**

**Item 3: Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care.** How effective is the agency in providing services, when appropriate, to prevent removal of children from their homes?

Address the relevant exploratory issues below in discussing this item:

- Brief description of/update on the State's policy requirements regarding this item
- How the policy requirements described above are reflected in practice
- Changes in performance and practice regarding this item since the previous Statewide Assessment; these might include (1) changes resulting from PIP implementation and/or other initiatives or strategies implemented by the State and (2) patterns or trends in, or statewide or local factors affecting, those changes
- Measures of effectiveness that demonstrate the State's functioning for this item, including quality assurance results, if available, and other data about services to protect children and prevent removal or re-entry into foster care
- Other changes, such as service availability, policy, practice, staffing, or external factors such as consent decrees or other court issues
- Factors that are affecting the State's performance on safety data profile elements III and IV concerning cases opened for services and children entering care based on a maltreatment report, and possible data quality issues
- Casework practices and resource issues that affect this item, such as consistency in following up with families receiving preventive services
- Influences or issues specific to a particular region or county
- Key collaborators with the agency on this item, where applicable
- Strengths that the State has demonstrated in addressing or implementing this item, including factors external to the agency
- Promising approaches in this area
- Barriers that the State faces with regard to successfully addressing or implementing this item, including factors external to the agency

**Item 4: Risk assessment and safety management.** How effective is the agency in reducing the risk of harm to children, including those in foster care and those who receive services in their own homes?

Address the relevant exploratory issues below in discussing this item:

- Brief description of/update on the State's policy requirements regarding this item
- How the policy requirements described above are reflected in practice
- Changes in performance and practice regarding this item since the previous Statewide Assessment; these might include (1) changes resulting from PIP implementation and/or other initiatives or strategies implemented by the State and (2) patterns or trends in, or statewide or local factors affecting, those changes
- Measures of effectiveness that demonstrate the State's functioning for this item, including quality assurance results, if available, and other data about reducing risk to children
- Factors that are affecting the State's performance on safety data profile elements VII and XIII concerning absence of maltreatment in foster care, reasons that the State either exceeds or does not meet the national standards, and possible data quality issues
- The incidence of children in foster care maltreated by a parent, safety data profile element XI, what has been learned, and subsequent actions taken, as needed
- Casework practices and resource issues that affect this item, such as (1) use of an adequate risk assessment process, (2) how the State ensures that safety issues are assessed continually while families receive services and at key decisionmaking points throughout the case (for example, when unsupervised visits are permitted, at reunification, or at case closure), (3) how the State ensures that children remain safe after they are placed in foster care, and the effectiveness of this approach, and (4) how the State handles reports of suspected child maltreatment for cases already being investigated or open for services
- The incidence of child fatalities due to maltreatment in the State, the agency's process for reviewing such cases, what has been learned from the reviews, and subsequent actions taken, as needed
- Influences or issues specific to a particular region or county
- Key collaborators with the agency on this item, where applicable
- Strengths that the State has demonstrated in addressing or implementing this item, including factors external to the agency
- Promising approaches in this area
- Barriers that the State faces with regard to successfully addressing or implementing this item, including factors external to the agency

## **B. Permanency**

### **Permanency Outcome 1: Children have permanency and stability in their living situations.**

**Item 5: Foster care re-entries.** How effective is the agency in preventing multiple entries of children into foster care?

Address the relevant exploratory issues below in discussing this item:

- Brief description of/update on the State's policy requirements regarding this item
- How the policy requirements described above are reflected in practice
- Changes in performance and practice regarding this item since the previous Statewide Assessment; these might include (1) changes resulting from PIP implementation and/or other initiatives or strategies implemented by the State and (2) patterns or trends in, or statewide or local factors affecting, those changes
- Measures of effectiveness that demonstrate the State's functioning for this item, including quality assurance results, if available, and other data about foster care re-entries
- Factors that are affecting the State's performance on permanency data profile element IX [Permanency Composite 1, including Component B, measure b(1)], reasons that the State either exceeds or does not meet the national standards, and possible data quality issues
- Casework practices and resource issues that affect this item, such as adequate screening of relative placements
- Influences or issues specific to a particular region or county
- Key collaborators with the agency on this item, where applicable
- Strengths that the State has demonstrated in addressing or implementing this item, including factors external to the agency
- Promising approaches in this area
- Barriers that the State faces with regard to successfully addressing or implementing this item, including factors external to the agency

**Item 6: Stability of foster care placement.** How effective is the agency in providing placement stability for children in foster care (that is, minimizing placement changes for children in foster care)?

Address the relevant exploratory issues below in discussing this item:

- Brief description of/update on the State's policy requirements regarding this item
- How the policy requirements described above are reflected in practice
- Changes in performance and practice regarding this item since the previous Statewide Assessment; these might include (1) changes resulting from PIP implementation and/or other initiatives or strategies implemented by the State and (2) patterns or trends in, or statewide or local factors affecting, those changes
- Measures of effectiveness that demonstrate the State's functioning for this item, including quality assurance results, if available, and other data about the stability of foster care placements
- Factors that are affecting the State's performance on permanency data profile element XII [Permanency Composite 4, including measures (1), (2), and (3)] and first-time entry cohort data profile element IV, including reasons that the State either exceeds or does not meet the national standards, and possible data quality issues
- Casework practices and resource issues that affect this item, such as the use of shelters or temporary placements
- Influences or issues specific to a particular region or county
- Key collaborators with the agency on this item, where applicable
- Strengths that the State has demonstrated in addressing or implementing this item, including factors external to the agency
- Promising approaches in this area
- Barriers that the State faces with regard to successfully addressing or implementing this item, including factors external to the agency



**Item 7: Permanency goal for child.** How effective is the agency in determining the appropriate permanency goals for children on a timely basis when they enter foster care?

Address the relevant exploratory issues below in discussing this item:

- Brief description of/update on the State's policy requirements regarding this item
- How the policy requirements described above are reflected in practice
- Changes in performance and practice regarding this item since the previous Statewide Assessment; these might include (1) changes resulting from PIP implementation and/or other initiatives or strategies implemented by the State and (2) patterns or trends in, or statewide or local factors affecting, those changes
- Measures of effectiveness that demonstrate the State's functioning for this item, including quality assurance results, if available, and other data about permanency goals
- Factors that are affecting the State's performance on permanency data profile element III and first-time entry cohort profile data element III concerning placement goals for children in care, and possible data quality issues
- Casework practices and resource issues that affect this item, such as (1) the use of long-term foster care as a permanency goal, (2) how the State establishes initial and subsequent permanency goals for children in foster care, particularly those with the goal of other planned permanent living arrangement, and the timeliness of establishing goals, and (3) how the State uses, or does not use, concurrent planning (simultaneously working toward two different goals, such as adoption and reunification)
- The role of the courts in determining the permanency goal
- Influences or issues specific to a particular region or county
- Key collaborators with the agency on this item, where applicable
- Strengths that the State has demonstrated in addressing or implementing this item, including factors external to the agency
- Promising approaches in this area
- Barriers that the State faces with regard to successfully addressing or implementing this item, including factors external to the agency

**Item 8: Reunification, guardianship, or permanent placement with relatives.** How effective is the agency in helping children in foster care return safely to their families when appropriate?

Address the relevant exploratory issues below in discussing this item:

- Brief description of/update on the State's policy requirements regarding this item
- How the policy requirements described above are reflected in practice
- Changes in performance and practice regarding this item since the previous Statewide Assessment; these might include (1) changes resulting from PIP implementation and/or other initiatives or strategies implemented by the State and (2) patterns or trends in, or statewide or local factors affecting, those changes
- Measures of effectiveness that demonstrate the State's functioning for this item, including quality assurance results, if available, and other data about reunification, guardianship, or permanent placement with relatives
- Factors that are affecting the State's performance on permanency data profile element IX [Permanency Composite 1, including Component A, measures a(1), a(2), and a(3)], reasons that the State either exceeds or does not meet the national standards, and possible data quality issues
- Casework practices and resource issues that affect this item, such as the agency's strategies for supporting reunification, as appropriate
- Influences or issues specific to a particular region or county
- Key collaborators with the agency on this item, where applicable
- Strengths that the State has demonstrated in addressing or implementing this item, including factors external to the agency
- Promising approaches in this area
- Barriers that the State faces with regard to successfully addressing or implementing this item, including factors external to the agency

**Item 9: Adoption.** How effective is the agency in achieving timely adoption when that is appropriate for a child?

Address the relevant exploratory issues below in discussing this item:

- Brief description of/update on the State's policy requirements regarding this item
- How the policy requirements described above are reflected in practice
- Changes in performance and practice regarding this item since the previous Statewide Assessment; these might include (1) changes resulting from PIP implementation and/or other initiatives or strategies implemented by the State and (2) patterns or trends in, or statewide or local factors affecting, those changes
- Measures of effectiveness that demonstrate the State's functioning for this item, including quality assurance results, if available, and other data about achieving timely adoptions
- Factors that are affecting the State's performance on permanency data profile element X [Permanency Composite 2, Component A, measures a(1) and a(2), Component B, measures b(1) and b(2), and Component C, measure c(1)], including reasons that the State either exceeds or does not meet the national standards, and possible data quality issues
- Casework practices and resource issues that affect this item, such as the availability of adoptive families for children with special needs
- Factors pertaining to the recruitment and retention of adoptive families, and support services for adoptive families, that affect performance on this item
- Influences or issues specific to a particular region or county
- Key collaborators with the agency on this item, where applicable
- Strengths that the State has demonstrated in addressing or implementing this item, including factors external to the agency
- Promising approaches in this area
- Barriers that the State faces with regard to successfully addressing or implementing this item, including factors external to the agency

**Item 10: Other planned permanent living arrangement.** How effective is the agency in establishing planned permanent living arrangements for children in foster care, who do not have the goal of reunification, adoption, guardianship, or permanent placement with relatives, and providing services consistent with the goal?

Address the relevant exploratory issues below in discussing this item:

- Brief description of/update on the State's policy requirements regarding this item
- How the policy requirements described above are reflected in practice
- Changes in performance and practice regarding this item since the previous Statewide Assessment; these might include (1) changes resulting from PIP implementation and/or other initiatives or strategies implemented by the State and (2) patterns or trends in, or statewide or local factors affecting, those changes
- Measures of effectiveness that demonstrate the State's functioning for this item, including quality assurance results, if available, and other data about establishing planned permanent living arrangements for children in foster care, as appropriate, and providing services to achieve that goal
- Factors that are affecting the State's performance on permanency data profile element XI [Permanency Composite 3, including Component A, measures a(1) and a(2), and Component B, measure b(1)], including reasons that the State either exceeds or does not meet the national standards, and possible data quality issues
- Casework practices and resource issues that affect this item, such as (1) the availability of independent living services for adolescents in group homes or (2) the effectiveness in providing services to children to ensure a permanent home consistent with the goal
- Influences or issues specific to a particular region or county
- Key collaborators with the agency on this item, where applicable
- Strengths that the State has demonstrated in addressing or implementing this item, including factors external to the agency
- Promising approaches in this area
- Barriers that the State faces with regard to successfully addressing or implementing this item, including factors external to the agency

**Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.**

**Item 11: Proximity of foster care placement.** How effective is the agency in placing foster children close to their birth parents or their own communities or counties?

Address the relevant exploratory issues below in discussing this item:

- Brief description of/update on the State's policy requirements regarding this item
- How the policy requirements described above are reflected in practice
- Changes in performance and practice regarding this item since the previous Statewide Assessment; these might include (1) changes resulting from PIP implementation and/or other initiatives or strategies implemented by the State and (2) patterns or trends in, or statewide or local factors affecting, those changes
- Measures of effectiveness that demonstrate the State's functioning for this item, including quality assurance results, if available, and other data about placement proximity
- Casework practices and resource issues that affect this item, such as (1) the availability of placement options, or (2) the circumstances under which the agency places children out of the State or county or at long distances from their parents, and the number of children placed out of State
- Influences or issues specific to a particular region or county
- Key collaborators with the agency on this item, where applicable
- Strengths that the State has demonstrated in addressing or implementing this item, including factors external to the agency
- Promising approaches in this area
- Barriers that the State faces with regard to successfully addressing or implementing this item, including factors external to the agency

**Item 12: Placement With Siblings.** How effective is the agency in keeping brothers and sisters together in foster care?

Address the relevant exploratory issues below in discussing this item:

- Brief description of/update on the State's policy requirements regarding this item
- How the policy requirements described above are reflected in practice
- Changes in performance and practice regarding this item since the previous Statewide Assessment; these might include (1) changes resulting from PIP implementation and/or other initiatives or strategies implemented by the State and (2) patterns or trends in, or statewide or local factors affecting, those changes
- Measures of effectiveness that demonstrate the State's functioning for this item, including quality assurance results, if available, and other data about placement with siblings
- Casework practices and resource issues that affect this item, such as the availability of placement options
- Influences or issues specific to a particular region or county
- Key collaborators with the agency on this item, where applicable
- Strengths that the State has demonstrated in addressing or implementing this item, including factors external to the agency
- Promising approaches in this area
- Barriers that the State faces with regard to successfully addressing or implementing this item, including factors external to the agency

**Item 13: Visiting with parents and siblings in foster care.** How effective is the agency in planning and facilitating visitation between children in foster care and their parents and siblings placed separately in foster care?

Address the relevant exploratory issues below in discussing this item:

- Brief description of/update on the State's policy requirements regarding this item
- How the policy requirements described above are reflected in practice
- Changes in performance and practice regarding this item since the previous Statewide Assessment; these might include (1) changes resulting from PIP implementation and/or other initiatives or strategies implemented by the State and (2) patterns or trends in, or statewide or local factors affecting, those changes
- Measures of effectiveness that demonstrate the State's functioning for this item, including quality assurance results, if available, and other data about visits with parents and siblings
- Casework practices and resource issues that affect this item, such as the availability of transportation for visits
- Influences or issues specific to a particular region or county
- Key collaborators with the agency on this item, where applicable
- Strengths that the State has demonstrated in addressing or implementing this item, including factors external to the agency
- Promising approaches in this area
- Barriers that the State faces with regard to successfully addressing or implementing this item, including factors external to the agency

**Item 14: Preserving Connections.** How effective is the agency in preserving important connections for children in foster care, such as connections to neighborhood, community, faith, family, tribe, school, and friends?

Address the relevant exploratory issues below in discussing this item:

- Brief description of/update on the State's policy requirements regarding this item
- How the policy requirements described above are reflected in practice
- Changes in performance and practice regarding this item since the previous Statewide Assessment; these might include (1) changes resulting from PIP implementation and/or other initiatives or strategies implemented by the State and (2) patterns or trends in, or statewide or local factors affecting, those changes
- Measures of effectiveness that demonstrate the State's functioning for this item, including quality assurance results, if available, and other data about preserving connections
- Casework practices and resource issues that affect this item, such as emphasis on placing children in their own communities
- How the State's processes, practices, and policies ensure compliance with Indian Child Welfare Act (ICWA) provisions concerning identifying tribal children, notifying tribes, observing placement preferences, and involving tribes in decisions regarding Native American children in foster care
- Influences or issues specific to a particular region or county
- Key collaborators with the agency on this item, where applicable
- Strengths that the State has demonstrated in addressing or implementing this item, including factors external to the agency
- Promising approaches in this area
- Barriers that the State faces with regard to successfully addressing or implementing this item, including factors external to the agency



**Item 15: Relative Placement.** How effective is the agency in identifying relatives who could care for children entering foster care, and using them as placement resources when appropriate?

Address the relevant exploratory issues below in discussing this item:

- Brief description of/update on the State's policy requirements regarding this item
- How the policy requirements described above are reflected in practice
- Changes in performance and practice regarding this item since the previous Statewide Assessment; these might include (1) changes resulting from PIP implementation and/or other initiatives or strategies implemented by the State and (2) patterns or trends in, or statewide or local factors affecting, those changes
- Measures of effectiveness that demonstrate the State's functioning for this item, including quality assurance results, if available, and other data about relative placement
- Casework practices and resource issues that affect this item, such as when and how relatives and noncustodial parents are identified and assessed
- How the State conducts searches for both paternal and maternal relatives
- Influences or issues specific to a particular region or county
- Key collaborators with the agency on this item, where applicable
- Strengths that the State has demonstrated in addressing or implementing this item, including factors external to the agency
- Promising approaches in this area
- Barriers that the State faces with regard to successfully addressing or implementing this item, including factors external to the agency

**Item 16: Relationship of child in care with parents.** How effective is the agency in promoting or helping to maintain the parent-child relationship for children in foster care, when it is appropriate to do so?

Address the relevant exploratory issues below in discussing this item:

- Brief description of/update on the State's policy requirements regarding this item
- How the policy requirements described above are reflected in practice
- Changes in performance and practice regarding this item since the previous Statewide Assessment; these might include (1) changes resulting from PIP implementation and/or other initiatives or strategies implemented by the State and (2) patterns or trends in, or statewide or local factors affecting, those changes
- Measures of effectiveness that demonstrate the State's functioning for this item, including quality assurance results, if available, and other data about relationships of children in care with their parents
- Casework practices and resource issues that affect this item, such as how the agency works with noncustodial parents of children in foster care
- Influences or issues specific to a particular region or county
- Key collaborators with the agency on this item, where applicable
- Strengths that the State has demonstrated in addressing or implementing this item, including factors external to the agency
- Promising approaches in this area
- Barriers that the State faces with regard to successfully addressing or implementing this item, including factors external to the agency

### C. Child and Family Well-Being

#### **Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.**

**Item 17: Needs and services of child, parents, foster parents.** How effective is the agency in assessing the needs of children, parents, and foster parents, and in providing needed services to children in foster care, to their parents and foster parents, and to children and families receiving in-home services?

Address the relevant exploratory issues below in discussing this item:

- Brief description of/update on the State's policy requirements regarding this item
- How the policy requirements described above are reflected in practice
- Changes in performance and practice regarding this item since the previous Statewide Assessment; these might include (1) changes resulting from PIP implementation and/or other initiatives or strategies implemented by the State and (2) patterns or trends in, or statewide or local factors affecting, those changes
- Measures of effectiveness that demonstrate the State's functioning for this item, including quality assurance results, if available, and other data about assessment and service provision
- Casework practices and resource issues that affect this item, such as (1) how and when the agency assesses needs, including those of the noncustodial parent, or (2) differences in practice or policy in this area between foster care cases and in-home services cases, if any
- How and when the agency assesses needs and provides services for all youth (ages 16 and older) to prepare them to be independent, regardless of their permanency goal
- Influences or issues specific to a particular region or county
- Key collaborators with the agency on this item, where applicable
- Strengths that the State has demonstrated in addressing or implementing this item, including factors external to the agency
- Promising approaches in this area
- Barriers that the State faces with regard to successfully addressing or implementing this item, including factors external to the agency

**Item 18: Child and family involvement in case planning.** How effective is the agency in involving parents and children in the case planning process?

Address the relevant exploratory issues below in discussing this item:

- Brief description of/update on the State's policy requirements regarding this item
- How the policy requirements described above are reflected in practice
- Changes in performance and practice regarding this item since the previous Statewide Assessment; these might include (1) changes resulting from PIP implementation and/or other initiatives or strategies implemented by the State and (2) patterns or trends in, or statewide or local factors affecting, those changes
- Measures of effectiveness that demonstrate the State's functioning for this item, including quality assurance results, if available, and other data about parental and/or child/youth involvement in case planning
- Casework practices and resource issues that affect this item, such as (1) how and when the agency engages parents and children in case planning, (2) efforts made to locate and engage absent parents, and (3) differences in practice or policy in this area between foster care and in-home services cases, if any
- Influences or issues specific to a particular region or county
- Key collaborators with the agency on this item, where applicable
- Strengths that the State has demonstrated in addressing or implementing this item, including factors external to the agency
- Promising approaches in this area
- Barriers that the State faces with regard to successfully addressing or implementing this item, including factors external to the agency

**Item 19: Caseworker visits with child.** How effective are agency workers in conducting face-to-face visits as often as needed with children in foster care and those who receive services in their own homes?

Address the relevant exploratory issues below in discussing this item:

- Brief description of/update on the State's policy requirements regarding this item, including policies regarding visitation of children placed out of State
- How the policy requirements described above are reflected in practice
- Changes in performance and practice regarding this item since the previous Statewide Assessment; these might include (1) changes resulting from PIP implementation and/or other initiatives or strategies implemented by the State and (2) patterns or trends in, or statewide or local factors affecting, those changes
- Measures of effectiveness that demonstrate the State's functioning for this item, including quality assurance results, if available, and other data about the frequency and quality of caseworker visits with children
- Casework practices and resource issues that affect this item, such as (1) how, when, and where caseworkers visit with children, (2) whether travel out of State by caseworkers is supported financially, (3) strategies for improving the quality of contact between staff and children, (4) differences in practice or policy in this area between foster care and in-home services cases, and between cases handled by the State agency and those handled by private agencies under contract with the State, if any
- Influences or issues specific to a particular region or county
- Key collaborators with the agency on this item, where applicable
- Strengths that the State has demonstrated in addressing or implementing this item, including factors external to the agency
- Promising approaches in this area
- Barriers that the State faces with regard to successfully addressing or implementing this item, including factors external to the agency

**Item 20: Worker visits with parents.** How effective are agency workers in conducting face-to-face visits as often as needed with parents of children in foster care and parents of children receiving in-home services?

Address the relevant exploratory issues below in discussing this item:

- Brief description of/update on the State's policy requirements regarding this item
- How the policy requirements described above are reflected in practice
- Changes in performance and practice regarding this item since the previous Statewide Assessment; these might include (1) changes resulting from PIP implementation and/or other initiatives or strategies implemented by the State and (2) patterns or trends in, or statewide or local factors affecting, those changes
- Measures of effectiveness that demonstrate the State's functioning for this item, including quality assurance results, if available, and other data about the frequency and quality of caseworker visits with parents
- Casework practices and resource issues that affect this item, such as (1) how, when, and where caseworkers visit with parents, (2) differences in practice or policy between visits with fathers and visits with mothers, or with either parent that may be absent from the home, if any, and (3) differences in practice or policy in this area between foster care and in-home services cases, and between cases handled by the State agency and those handled by private agencies under contract with the State, if any
- Influences or issues specific to a particular region or county
- Key collaborators with the agency on this item, where applicable
- Strengths that the State has demonstrated in addressing or implementing this item, including factors external to the agency
- Promising approaches in this area
- Barriers that the State faces with regard to successfully addressing or implementing this item, including factors external to the agency

**Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.**

**Item 21: Educational needs of the child.** How effective is the agency in addressing the educational needs of children in foster care and those receiving services in their own homes?

Address the relevant exploratory issues below in discussing this item:

- Brief description of/update on the State's policy requirements regarding this item
- How the policy requirements described above are reflected in practice
- Changes in performance and practice regarding this item since the previous Statewide Assessment; these might include (1) changes resulting from PIP implementation and/or other initiatives or strategies implemented by the State and (2) patterns or trends in, or statewide or local factors affecting, those changes
- Measures of effectiveness that demonstrate the State's functioning for this item, including quality assurance results, if available, and other data about educational assessments and services
- Casework practices and resource issues that affect this item, such as (1) how educational needs are assessed, (2) inclusion of educational needs in the case plan and documentation in the child's record, (3) the services that the agency provides, (4) the role of the foster parents in working with the educational system, (5) the agency's involvement of birth parents in education-related issues, and (6) differences in practice or policy in this area between foster care and in-home services cases, if any
- Influences or issues specific to a particular region or county
- Key collaborators with the agency on this item, where applicable
- Strengths that the State has demonstrated in addressing or implementing this item, including factors external to the agency
- Promising approaches in this area
- Barriers that the State faces with regard to successfully addressing or implementing this item, including factors external to the agency

**Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.**

**Item 22: Physical health of the child.** How does the State ensure that the physical health and medical needs of children are identified in assessments and case planning activities and that those needs are addressed through services?

Address the relevant exploratory issues below in discussing this item:

- Brief description of/update on the State's policy requirements regarding this item, including (1) the requirements for conducting initial health examinations of children entering foster care and for conducting ongoing or periodic examinations, including Early and Periodic Screening, Diagnosis, and Treatment (EPSDT), and for including medical information in the child's record, (2) the role and responsibility of foster parents in obtaining medical care, and (3) the system for sharing medical information with foster and/or birth parents
- How the policy requirements described above are reflected in practice
- Changes in performance and practice regarding this item since the previous Statewide Assessment; these might include (1) changes resulting from PIP implementation and/or other initiatives or strategies implemented by the State and (2) patterns or trends in, or statewide or local factors affecting, those changes
- Measures of effectiveness that demonstrate the State's functioning for this item, including quality assurance results, if available, and other data about physical health assessments and services
- Casework practices and resource issues that affect this item, such as how health needs are assessed and the services that the agency provides
- Differences in practice or policy in this area between foster care and in-home services cases, if any
- Resource issues, such as the structure and scope of the State's health care system, and the effects on the State's capacity to provide health care services to children in foster care and children receiving in-home services
- The system for identifying and addressing dental health care needs of children in foster care
- Influences or issues specific to a particular region or county
- Key collaborators with the agency on this item, where applicable
- Strengths that the State has demonstrated in addressing or implementing this item, including factors external to the agency
- Promising approaches in this area
- Barriers that the State faces with regard to successfully addressing or implementing this item, including factors external to the agency



**Item 23: Mental/behavioral health of the child.** How does the State ensure that the mental/behavioral health needs of children are identified in assessments and case planning activities and that those needs are addressed through services?

Address the relevant exploratory issues below in discussing this item:

- Brief description of/update on the State's policy requirements regarding this item, including the requirements for conducting initial mental health evaluations of children entering foster care and ongoing or periodic evaluations
- How the policy requirements described above are reflected in practice
- Changes in performance and practice regarding this item since the previous Statewide Assessment; these might include (1) changes resulting from PIP implementation and/or other initiatives or strategies implemented by the State and (2) patterns or trends in, or statewide or local factors affecting, those changes
- Measures of effectiveness that demonstrate the State's functioning for this item, including quality assurance results, if available, and other data about mental health assessments and services
- Casework practices and resource issues that affect this item, such as (1) how mental health needs are assessed, (2) the services that the agency provides, (3) the availability and accessibility of services, and (4) the differences in practice or policy in this area between foster care and in-home services cases, if any
- Collaborative efforts with the State mental health system, other mental health service providers, and other service providers to address the mental health needs of children in the child welfare system
- Resource and funding issues, such as the structure and scope of the State's mental/behavioral health care system, and the effects on the State's capacity to provide mental/behavioral health services to children in foster care and children receiving in-home services
- Influences or issues specific to a particular region or county
- Strengths that the State has demonstrated in addressing or implementing this item, including factors external to the agency
- Promising approaches in this area
- Barriers that the State faces with regard to successfully addressing or implementing this item, including factors external to the agency

## Section IV – Systemic Factors

### A. Statewide Information System

**Item 24: Statewide Information System.** Is the State operating a statewide information system that, at a minimum, can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?

Address the relevant exploratory issues below in discussing this item:

- Brief description of/update on the State's policy requirements regarding this item
- How the policy requirements described above are reflected in practice
- Changes in performance and practice regarding this item since the previous Statewide Assessment; these might include (1) changes resulting from Program Improvement Plan (PIP) implementation and/or other initiatives or strategies implemented by the State and (2) patterns or trends in, or statewide or local contributing factors affecting, those changes
- Measures of effectiveness that demonstrate the State's functioning for this item, including quality assurance results, if available
- The system's tracking capacity (program or case management areas/information, and the status, demographics, current location, and permanency goals for children in foster care)
- The State's reporting capacity, including the types of reports generated, who within the agency uses the reports and for what purposes, and the accuracy and currency of the reports
- State approaches to using the data (for example, for planning and management purposes)
- The accessibility of the system to staff and to private-sector organizations providing services, including the extent to which information is available and readily retrievable in all areas of the State
- The mechanism for linking this systemic factor with the State's efforts to conduct continuous quality assurance, including processes that monitor for data accuracy
- The extent to which the information is complete, accurate, and current and includes the locations of all children in care, including those in relative care, unlicensed placements, voluntary placements, and unpaid placements
- Variations in the capacity of the State's information system to track groups of children in out-of-home care, including those served by title IV-E agreements with other agencies
- Influences or issues specific to a particular region or county
- Key collaborators with the agency on this item, where applicable

- Strengths that the State has demonstrated in addressing or implementing this item, including factors external to the agency
- Promising approaches in this area
- Barriers that the State faces with regard to successfully addressing or implementing this item, including factors external to the agency

## B. Case Review System

**Item 25: Written Case Plan.** Does the State provide a process that ensures that each child has a written case plan, to be developed jointly with the child, when appropriate, and the child's parent(s), that includes the required provisions?

Address the relevant exploratory issues below in discussing this item:

- Brief description of/update on the State's policy requirements and monitoring system regarding this item for both foster care and in-home cases, including timeframes for developing and updating case plans and requirements for the participation of parents and children
- How the policy requirements described above are reflected in practice
- Changes in performance and practice regarding this item since the previous Statewide Assessment; these might include (1) changes resulting from PIP implementation and/or other initiatives or strategies implemented by the State and (2) patterns or trends in, or statewide or local contributing factors affecting, those changes
- Measures of effectiveness that demonstrate the State's functioning for this item, including quality assurance results, if available, and other data about the engagement of parents and age-appropriate children in case plan development
- The system for measuring and monitoring compliance with case plan requirements (for example, that every child has a current case plan that was developed within the timeframes required)
- Methods and supports for engaging both parents and age-appropriate children in case planning, including efforts to involve noncustodial parents, such as through family team meetings or by offering flexible meeting times
- Influences or issues specific to a particular region or county
- Key collaborators with the agency on this item, where applicable
- Strengths that the State has demonstrated in addressing or implementing this item, including factors external to the agency
- Promising approaches in this area
- Barriers that the State faces with regard to successfully addressing or implementing this item, including factors external to the agency

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Address the relevant exploratory issues below in discussing this item:

- Brief description of/update on the State's policy requirements and monitoring system regarding this item for both foster care and in-home cases, including timeframes for developing and updating case plans and requirements for the participation of parents and children
- How the policy requirements described above are reflected in practice
- Changes in performance and practice regarding this item since the previous Statewide Assessment; these might include (1) changes resulting from PIP implementation and/or other initiatives or strategies implemented by the State and (2) patterns or trends in, or statewide or local contributing factors affecting, those changes
- Measures of effectiveness that demonstrate the State's functioning for this item, including quality assurance results, if available, and other data about the engagement of parents and age-appropriate children in case plan development
- The system for measuring and monitoring compliance with case plan requirements (for example, that every child has a current case plan that was developed within the timeframes required)
- Methods and supports for engaging both parents and age-appropriate children in case planning, including efforts to involve noncustodial parents, such as through family team meetings or by offering flexible meeting times
- Influences or issues specific to a particular region or county
- Key collaborators with the agency on this item, where applicable
- Strengths that the State has demonstrated in addressing or implementing this item, including factors external to the agency
- Promising approaches in this area
- Barriers that the State faces with regard to successfully addressing or implementing this item, including factors external to the agency

**Item 26: Periodic Reviews.** Does the State provide a process for the periodic review of the status of each child, no less frequently than once every 6 months, either by a court or by administrative review?

Address the relevant exploratory issues below in discussing this item:

- Brief description of/update on the State's policy requirements and monitoring system regarding this item, including (1) the timing, content, and methods for reviews (court, external body, and agency administrative reviews), and (2) reviews for children served by the juvenile justice and mental health systems who are subject to this requirement
- How the policy requirements described above are reflected in practice
- Changes in performance and practice regarding this item since the previous Statewide Assessment; these might include (1) changes resulting from PIP implementation and/or other initiatives or strategies implemented by the State and (2) patterns or trends in, or statewide or local contributing factors affecting, those changes
- Measures of effectiveness that demonstrate the State's functioning for this item, including quality assurance results, if available, and other data about the timeliness and quality of reviews
- The procedure(s) for supporting the participation of both birth and foster families, age-appropriate children, relative caregivers, and foster and pre-adoptive parents in these reviews, for example, support services, preparation, encouragement to attend, and timing
- The system for tracking and monitoring case review outcomes, for example, monitoring the provision of recommended services to a child or family
- The provisions for reviewing the recommendations and results of the periodic review and making adjustments to the case plan or direction of the case
- Influences or issues specific to a particular region or county
- Key collaborators with the agency on this item, where applicable
- Strengths that the State has demonstrated in addressing or implementing this item, including factors external to the agency
- Promising approaches in this area
- Barriers that the State faces with regard to successfully addressing or implementing this item, including factors external to the agency

**Item 27: Permanency Hearings.** Does the State provide a process that ensures that each child in foster care under the supervision of the State has a permanency hearing in a qualified court or administrative body no later than 12 months from the date that the child entered foster care and no less frequently than every 12 months thereafter?

Address the relevant exploratory issues below in discussing this item:

- Brief description of/update on the State's policy requirements and monitoring system regarding this item, including hearings for children served by juvenile justice and mental health agencies who are subject to this requirement
- How the policy requirements described above are reflected in practice
- Changes in performance and practice regarding this item since the previous Statewide Assessment; these might include (1) changes resulting from PIP implementation and/or other initiatives or strategies implemented by the State and (2) patterns or trends in, or statewide or local contributing factors affecting, those changes
- Measures of effectiveness that demonstrate the State's functioning for this item, including quality assurance results, if available, and other data about the timeliness and quality of hearings
- Influences or issues specific to a particular region or county
- Key collaborators with the agency on this item, where applicable
- Strengths that the State has demonstrated in addressing or implementing this item, including factors external to the agency
- Promising approaches in this area
- Barriers that the State faces with regard to successfully addressing or implementing this item, including factors external to the agency

**Item 28: Termination of Parental Rights.** Does the State provide a process for Termination of Parental Rights (TPR) proceedings in accordance with the provisions of the Adoption and Safe Families Act (ASFA)?

Address the relevant exploratory issues below in discussing this item:

- Brief description of/update on the State's policy requirements and monitoring system regarding this item, including (1) State policies for filing for TPR for children who have been in foster care 15 of the past 22 months and in other circumstances required by ASFA and where no adoptive placement has been identified and (2) review of the cases of children served by the juvenile justice and mental health systems who are subject to this requirement
- How the policy requirements described above are reflected in practice
- Changes in performance and practice regarding this item since the previous Statewide Assessment; these might include (1) changes resulting from PIP implementation and/or other initiatives or strategies implemented by the State and (2) patterns or trends in, or statewide or local contributing factors affecting, those changes
- Measures of effectiveness that demonstrate the State's functioning for this item, including quality assurance results, if available, and other data about the timeliness of filing for TPR
- Factors that are affecting the State's performance on permanency data profile element X, Permanency Composite 2, Component B, measures b(1) and b(2), and possible data quality issues
- How the agency identifies children who have been in foster care for 15 of the past 22 months
- Common circumstances under which the State makes exceptions to filing for TPR
- How exceptions are reviewed, documented, and made available to the courts
- The impact of the courts and legal system on successes or challenges related to the TPR process
- Factors regarding TPR in the State, such as the timeliness of TPR decisions, TPR appeals, the State's use of compelling reasons not to pursue TPR, changes in TPR procedures or approach, and the TPR appellate process
- Influences or issues specific to a particular region or county
- Key collaborators with the agency on this item, where applicable
- Strengths that the State has demonstrated in addressing or implementing this item, including factors external to the agency
- Promising approaches in this area
- Barriers that the State faces with regard to successfully addressing or implementing this item, including factors external to the agency



**Item 29: Notice of Hearings and Reviews to Caregivers.** Does the State provide a process for foster parents, pre-adoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in, any review or hearing held with respect to the child?

Address the relevant exploratory issues below in discussing this item:

- Brief description of/update on the State's policy requirements and monitoring system regarding this item for 6-month reviews and for 12-month permanency hearings, including the responsibility for and system of notification
- How the policy requirements described above are reflected in practice
- Changes in performance and practice regarding this item since the previous Statewide Assessment; these might include (1) changes resulting from PIP implementation and/or other initiatives or strategies implemented by the State and (2) patterns or trends in, or statewide or local contributing factors affecting, those changes
- Measures of effectiveness that demonstrate the State's functioning for this item, including quality assurance results, if available, and other data about the timeliness and consistency of notification
- The involvement of foster parents, pre-adoptive parents, and relative caregivers in hearings
- Influences or issues specific to a particular region or county
- Key collaborators with the agency on this item, where applicable
- Strengths that the State has demonstrated in addressing or implementing this item, including factors external to the agency
- Promising approaches in this area
- Barriers that the State faces with regard to successfully addressing or implementing this item, including factors external to the agency

### C. Quality Assurance System

**Item 30: Standards Ensuring Quality Services.** Has the State developed and implemented standards to ensure that children in foster care are provided quality services that protect the safety and health of the children?

Address the relevant exploratory issues below in discussing this item:

- Brief description of/update on the State's policy requirements and monitoring system regarding this item
- How the policy requirements described above are reflected in practice
- Changes in performance and practice regarding this item since the previous Statewide Assessment; these might include (1) changes resulting from PIP implementation and/or other initiatives or strategies implemented by the State and (2) patterns or trends in, or statewide or local contributing factors affecting, those changes
- Measures of effectiveness that demonstrate the State's functioning for this item, including quality assurance results, if available, and other data about standards
- The system for measuring differences in the quality of care and/or outcomes of children served by the agency following the implementation of the standards (and the improvements achieved, as applicable)
- Influences or issues specific to a particular region or county
- Key collaborators with the agency on this item, where applicable
- Strengths that the State has demonstrated in addressing or implementing this item, including factors external to the agency
- Promising approaches in this area
- Barriers that the State faces with regard to successfully addressing or implementing this item, including factors external to the agency

**Item 31: Quality Assurance System.** Is the State operating an identifiable quality assurance system that is in place in the jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided, evaluates the quality of services, identifies the strengths and needs of the service delivery system, provides relevant reports, and evaluates program improvement measures implemented?

Address the relevant exploratory issues below in discussing this item:

- Brief description of/update on the State's policy requirements regarding this item
- How the policy requirements described above are reflected in practice
- Changes in performance and practice regarding this item since the previous Statewide Assessment; these might include (1) changes resulting from PIP implementation and/or other initiatives or strategies implemented by the State and (2) patterns or trends in, or statewide or local contributing factors affecting, those changes
- The State's approach to conducting quality assurance activities, for example, the structure, location, number, and type of cases reviewed; the process for reviewing cases; the frequency of the reviews; and who conducts the reviews
- The capacity of the quality assurance system to comprehensively assess outcomes and systemic factors across the continuum of child welfare services
- The involvement of service providers, parents, youth, foster parents, group care providers, relatives, tribes, courts, and/or other stakeholders in the quality assurance process
- How information from quality assurance activities is used at all levels of the agency (for example, caseworkers, local supervisors, managers and/or administrators, and the State office) and outside the agency (for example, courts, or tribes)
- Influences or issues specific to a particular region or county
- Key collaborators with the agency on this item, where applicable
- Strengths that the State has demonstrated in addressing or implementing this item, including factors external to the agency
- Promising approaches in this area
- Barriers that the State faces with regard to successfully addressing or implementing this item, including factors external to the agency

#### **D. Staff and Provider Training**

**Item 32: Initial Staff Training.** Is the State operating a staff development and training program that supports the goals and objectives in the CFSP, addresses services provided under titles IV-B and IV-E, and provides initial training for all staff who deliver these services?

Address the relevant exploratory issues below in discussing this item:

- Brief description of/update on the State's policy requirements and monitoring system regarding this item, such as the level, type, duration, timeframe, amount, and intensity of training required, and whether training is completed before cases are assigned
- How the policy requirements described above are reflected in practice
- Changes in performance and practice regarding this item since the previous Statewide Assessment; these might include (1) changes resulting from PIP implementation and/or other initiatives or strategies implemented by the State and (2) patterns or trends in, or statewide or local contributing factors affecting, those changes
- Measures of effectiveness that demonstrate the State's functioning for this item, including quality assurance results, if available, and other data about (1) initial staff training, (2) the content and quality of the training, and (3) how training is reflected in job performance
- The State's capacity to track that staff are meeting State training requirements and to identify those who need training
- Whether the State requires or provides initial training for private agency staff, where the State contracts out full case management
- Influences or issues specific to a particular region or county, including local or regional differences in training requirements or implementation
- Key collaborators with the agency on this item, where applicable
- Strengths that the State has demonstrated in addressing or implementing this item, including factors external to the agency
- Promising approaches in this area
- Barriers that the State faces with regard to successfully addressing or implementing this item, including factors external to the agency

**Item 33: Ongoing Staff Training.** Does the State provide for ongoing training for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services included in the CFSP?

Address the relevant exploratory issues below in discussing this item:

- Brief description of/update on the State's policy requirements and monitoring system regarding this item, such as the level, type, duration, and intensity of training required
- How the policy requirements described above are reflected in practice
- Changes in performance and practice regarding this item since the previous Statewide Assessment; these might include (1) changes resulting from PIP implementation and/or other initiatives or strategies implemented by the State and (2) patterns or trends in, or statewide or local contributing factors affecting, those changes
- Measures of effectiveness that demonstrate the State's functioning for this item, including quality assurance results, if available, and other data about (1) training all staff, including supervisors and managers, (2) the content, amount, and quality of the training, and (3) how training is reflected in job performance
- The State's capacity to track that staff are meeting State training requirements and to identify those who need training
- Whether the State requires or provides ongoing training for private agency staff, where the State contracts out full case management
- Influences or issues specific to a particular region or county, including local or regional differences in training requirements or implementation
- Key collaborators with the agency on this item, where applicable
- Strengths that the State has demonstrated in addressing or implementing this item, including factors external to the agency
- Promising approaches in this area
- Barriers that the State faces with regard to successfully addressing or implementing this item, including factors external to the agency

**Item 34: Foster and Adoptive Parent Training.** Does the State provide training for current or prospective foster parents, adoptive parents, and staff of State-licensed or State-approved facilities that care for children receiving foster care or adoption assistance under title IV-E? Does the training address the skills and knowledge base that they need to carry out their duties with regard to foster and adopted children?

Address the relevant exploratory issues below in discussing this item:

- Brief description of/update on the State's policy requirements and monitoring system regarding this item with regard to (1) both pre-service and ongoing training, and (2) requirements regarding licensing of, and placement of children in, foster or adoptive homes before or after training foster or adoptive parents, including training requirements for foster parents, relative caregivers, adoptive parents, and facility staff
- How the policy requirements described above are reflected in practice
- Changes in performance and practice regarding this item since the previous Statewide Assessment; these might include (1) changes resulting from PIP implementation and/or other initiatives or strategies implemented by the State and (2) patterns or trends in, or statewide or local contributing factors affecting, those changes
- Measures of effectiveness that demonstrate the State's functioning for this item, including quality assurance results, if available, and other data about (1) training all caregivers, (2) the quality of the training, and (3) how training affects the caregivers' performance
- The State's capacity to track that foster and adoptive parents are meeting State training requirements, to identify those who need training, and to document how training needs are identified
- Training requirements, needs, and opportunities for staff of child care facilities
- Influences or issues specific to a particular region or county, including local or regional differences in training requirements or implementation
- Key collaborators with the agency on this item, where applicable
- Strengths that the State has demonstrated in addressing or implementing this item, including factors external to the agency
- Promising approaches in this area
- Barriers that the State faces with regard to successfully addressing or implementing this item, including factors external to the agency

#### E. Service Array and Resource Development

**Item 35: Array of Services.** Does the State have in place an array of services that assess the strengths and needs of children and families, that determine other service needs, that address the needs of families in addition to individual children to create a safe home environment, that enable children to remain safely with their parents when reasonable, and that help children in foster and adoptive placements achieve permanency?

Address the relevant exploratory issues below in discussing this item:

- Brief description of/update on the State's policy requirements and monitoring system regarding the service array, including services provided by private contractors
- How the policy requirements described above are reflected in practice
- Changes in performance and practice regarding this item since the previous Statewide Assessment; these might include (1) changes resulting from PIP implementation and/or other initiatives or strategies implemented by the State and (2) patterns or trends in, or statewide or local contributing factors affecting, those changes
- Measures of effectiveness that demonstrate the State's functioning for this item, including quality assurance results, if available, and other data about having a sufficient and effective service array in place
- The effectiveness of the State's services regarding (1) placing and maintaining children in safe environments, (2) enabling children to remain home safely when reasonable, (3) helping children in foster care and adoptive homes achieve timely permanency, (4) supporting adoptive families after placement and finalization, and (5) helping youth to prepare for independent living
- How the State evaluates services and determines service needs
- How the State addresses service gaps and the effectiveness of such practices
- Influences or issues specific to a particular region or county
- Key collaborators with the agency on this item, where applicable
- Strengths that the State has demonstrated in addressing or implementing this item, including factors external to the agency
- Promising approaches in this area
- Barriers that the State faces with regard to successfully addressing or implementing this item, including factors external to the agency

**Item 36: Service Accessibility.** Are the services in item 35 accessible to families and children in all political jurisdictions covered in the State's CFSP?

Address the relevant exploratory issues below in discussing this item:

- Brief description of/update on the State's policy requirements and monitoring system regarding this item and on any differences in service availability and accessibility in different areas of the State
- How the policy requirements described above are reflected in practice
- Changes in performance and practice regarding this item since the previous Statewide Assessment; these might include (1) changes resulting from PIP implementation and/or other initiatives or strategies implemented by the State and (2) patterns or trends in, or statewide or local contributing factors affecting, those changes
- Measures of effectiveness that demonstrate the State's functioning for this item, including quality assurance results, if available, and other data about service accessibility
- The reasons for variations in service accessibility and availability throughout the State
- Influences or issues specific to a particular region or county
- Key collaborators with the agency on this item, where applicable
- Strengths that the State has demonstrated in addressing or implementing this item, including factors external to the agency
- Promising approaches in this area
- Barriers that the State faces with regard to successfully addressing or implementing this item, including factors external to the agency



**Item 37: Individualizing Services.** Can the services in item 35 be individualized to meet the unique needs of children and families served by the agency?

Address the relevant exploratory issues below in discussing this item:

- Brief description of/update on the State's policy requirements and monitoring system regarding this item and the procedures for tailoring services to meet the unique, individualized needs of children and families
- How the policy requirements described above are reflected in practice
- Changes in performance and practice regarding this item since the previous Statewide Assessment; these might include (1) changes resulting from PIP implementation and/or other initiatives or strategies implemented by the State and (2) patterns or trends in, or statewide or local contributing factors affecting, those changes
- Measures of effectiveness that demonstrate the State's functioning for this item, including quality assurance results, if available, and other data about individualizing services
- The effects of service availability or accessibility on major population groups in the State, for example, the Native American population, other ethnic or racial groups, youth served by the agency, language groups, or children in rural and/or urban areas
- Influences or issues specific to a particular region or county
- Key collaborators with the agency on this item, where applicable
- Strengths that the State has demonstrated in addressing or implementing this item, including factors external to the agency
- Promising approaches in this area
- Barriers that the State faces with regard to successfully addressing or implementing this item, including factors external to the agency

**F. Agency Responsiveness to the Community**

**Item 38: State Engagement in Consultation With Stakeholders.** In implementing the provisions of the CFSP, does the State engage 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 include the major concerns of these representatives in the goals and objectives of the CFSP?

Address the relevant exploratory issues below in discussing this item:

- Brief description of/update on the State's policy requirements and monitoring system regarding this item, and procedures for ongoing consultation with external partners linked to the State plan submissions and other agency planning
- How the policy requirements described above are reflected in practice
- A description of the stakeholders engaged in consultation with the State
- Changes in performance and practice regarding this item since the previous Statewide Assessment; these might include (1) changes resulting from PIP implementation and/or other initiatives or strategies implemented by the State and (2) patterns or trends in, or statewide or local contributing factors affecting, those changes
- Measures of effectiveness that demonstrate the State's functioning for this item, including quality assurance results or other supporting information, if available, about how (1) actively engaged external partners have been and how their input has been used, and (2) quality assurance results or other supporting information have been shared with external partners, if applicable and available
- How key stakeholders have contributed to the planning efforts, or barriers to collaborating effectively with them, including youth, tribes, caregivers, birth parents, and courts, whose involvement is critical to effective planning
- Influences or issues specific to a particular region or county
- Strengths that the State has demonstrated in addressing or implementing this item, including factors external to the agency
- Promising approaches in this area
- Barriers that the State faces with regard to successfully addressing or implementing this item, including factors external to the agency

**Item 39: Agency Annual Reports Pursuant to the CFSP.** Does the agency develop, in consultation with these representatives, annual reports of progress and services delivered pursuant to the CFSP?

Address the relevant exploratory issues below in discussing this item:

- Brief description of/update on the State's policy requirements and monitoring system regarding this item
- How the policy requirements described above are reflected in practice
- Brief description of the process used in consulting with representatives, and an assessment of its effectiveness
- Changes in performance and practice regarding this item since the previous Statewide Assessment; these might include (1) changes resulting from PIP implementation and/or other initiatives or strategies implemented by the State and (2) patterns or trends in, or statewide or local contributing factors affecting, those changes
- Measures of effectiveness that demonstrate the State's functioning for this item, including quality assurance results, if available
- The ongoing involvement of stakeholders in evaluating and reporting on progress toward agency goals, and how the agency uses the input of key stakeholders, including courts and tribes, in planning and setting agency goals
- Influences or issues specific to a particular region or county
- Key collaborators with the agency on this item, where applicable
- Strengths that the State has demonstrated in addressing or implementing this item, including factors external to the agency
- Promising approaches in this area
- Barriers that the State faces with regard to successfully addressing or implementing this item, including factors external to the agency

**Item 40: Coordination of CFSP Services With Other Federal Programs.** Are the State's services under the CFSP coordinated with the services or benefits of other Federal or federally assisted programs serving the same population?

Address the relevant exploratory issues below in discussing this item:

- Brief description of/update on the State's policy requirements and monitoring system regarding this item
- How the policy requirements described above are reflected in practice
- Changes in performance and practice regarding this item since the previous Statewide Assessment; these might include (1) changes resulting from PIP implementation and/or other initiatives or strategies implemented by the State and (2) patterns or trends in, or statewide or local contributing factors affecting, those changes
- Measures of effectiveness that demonstrate the State's functioning for this item, including quality assurance results, if available, and other information about the coordination of the CFSP services
- Coordination with key Federal programs, such as the State's title IV-D (child support and Federal Parent Locator Service) and IV-B programs, Court Improvement Program, Medicaid, child abuse prevention and early intervention programs, mental health programs, substance abuse programs, tribal programs, or juvenile justice systems
- Whether agreements are in place with other public or private agencies or contractors, such as juvenile justice or managed care agencies, to perform title IV-E or IV-B functions, and whether services provided under the agreements or contracts are monitored for compliance with State plan requirements
- Influences or issues specific to a particular region or county
- Strengths that the State has demonstrated in addressing or implementing this item, including factors external to the agency
- Promising approaches in this area
- Barriers that the State faces with regard to successfully addressing or implementing this item, including factors external to the agency

### **G. Foster and Adoptive Home Licensing, Approval, and Recruitment**

**Item 41: Standards for Foster Homes and Institutions.** Has the State implemented standards for foster family homes and child care institutions that are reasonably in accord with recommended national standards?

Address the relevant exploratory issues below in discussing this item:

- Brief description of/update on the State's policy requirements and monitoring system regarding this item, including key features of licensing or approval requirements for foster and adoptive homes and institutions
- How the policy requirements described above are reflected in practice
- Changes in performance and practice regarding this item since the previous Statewide Assessment; these might include (1) changes resulting from PIP implementation and/or other initiatives or strategies implemented by the State and (2) patterns or trends in, or statewide or local contributing factors affecting, those changes
- Measures of effectiveness that demonstrate the State's functioning for this item, including quality assurance results, if available, and other data about standards for foster family homes and child care institutions
- The length of time that the licensing standards for foster homes, adoptive homes, and facilities have been in effect and the processes for reviewing and updating them, as needed
- The timeframe for the completion of foster home and adoptive home studies, including whether the same study is used for both foster and adoptive placements
- Influences or issues specific to a particular region or county
- Key collaborators with the agency on this item, where applicable
- Strengths that the State has demonstrated in addressing or implementing this item, including factors external to the agency
- Promising approaches in this area
- Barriers that the State faces with regard to successfully addressing or implementing this item, including factors external to the agency

**Item 42: Standards Applied Equally.** Are the standards applied to all licensed or approved foster family homes or child care institutions receiving title IV-E or IV-B funds?

Address the relevant exploratory issues below in discussing this item:

- Brief description of/update on the State's policy requirements and monitoring system regarding this item, including (1) whether the State issues different types of licenses (such as initial, provisional, or probationary licenses) and (2) whether the State uses different standards for licensing/approving resources
- How the policy requirements described above are reflected in practice
- State procedures to ensure that Federal funds are claimed only for homes that meet the full standard, if applicable
- Changes in performance and practice regarding this item since the previous Statewide Assessment; these might include (1) changes resulting from PIP implementation and/or other initiatives or strategies implemented by the State and (2) patterns or trends in, or statewide or local contributing factors affecting, those changes
- Measures of effectiveness that demonstrate the State's functioning for this item, including (1) quality assurance results, if available (2) title IV-E review findings, and (3) results of monitoring of foster homes and child care facilities to ensure their compliance with the State's standards
- Influences or issues specific to a particular region or county
- Key collaborators with the agency on this item, where applicable
- Strengths that the State has demonstrated in addressing or implementing this item, including factors external to the agency
- Promising approaches in this area
- Barriers that the State faces with regard to successfully addressing or implementing this item, including factors external to the agency

**Item 43: Requirements for Criminal Background Checks.** Does the State comply with Federal requirements for criminal background clearances related to licensing or approving foster care and adoptive placements, and does the State have in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?

Address the relevant exploratory issues below in discussing this item:

- Brief description of/update on the State's policy requirements and monitoring system regarding this item, including any exclusions or exceptions to the State's requirements
- How the policy requirements described above are reflected in practice
- State procedures to ensure that Federal funds are claimed only for homes that meet the Federal criminal background check requirements
- Changes in performance and practice regarding this item since the previous Statewide Assessment; these might include (1) changes resulting from PIP implementation and/or other initiatives or strategies implemented by the State and (2) patterns or trends in, or statewide or local contributing factors affecting, those changes
- Measures of effectiveness that demonstrate the State's functioning for this item, including (1) quality assurance results, if available, (2) title IV-E review findings, or (3) other available information
- Whether criminal background checks have been conducted for all approved/licensed foster and adoptive families and staff of child care facilities
- The timeliness of completion of the checks in relation to when a child is placed in a home
- How the State addresses any negative results of background checks, including exemption and/or appeals processes, if applicable, and circumstances in which a child already has been placed in the home or the home already has been licensed
- How the State addresses safety considerations for children when the agency has opted not to conduct criminal background checks of child care institution staff and foster and adoptive families
- Influences or issues specific to a particular region or county
- Key collaborators with the agency on this item, where applicable
- Strengths that the State has demonstrated in addressing or implementing this item, including factors external to the agency
- Promising approaches in this area
- Barriers that the State faces with regard to successfully addressing or implementing this item, including factors external to the agency

**Item 44: Diligent Recruitment of Foster and Adoptive Homes.** Does the State have in place a process for ensuring the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children for whom foster and adoptive homes are needed in the State?

Address the relevant exploratory issues below in discussing this item:

- Brief description of/update on the State's policy requirements (plan) and monitoring system regarding this item, including diligent recruitment efforts such as (1) developing specific recruitment strategies for all parts of the community and diverse methods of disseminating general and child-specific information, and (2) following procedures for ensuring the timely placement of children, for example, the use of exchanges or other interagency efforts
- How the policy requirements described above are reflected in practice
- Changes in performance and practice regarding this item since the previous Statewide Assessment; these might include (1) changes resulting from PIP implementation and/or other initiatives or strategies implemented by the State and (2) patterns or trends in, or statewide or local contributing factors affecting, those changes
- Measures of effectiveness that demonstrate the State's functioning for this item, including quality assurance results, if available, and other data about recruiting and retaining foster and adoptive families (through major recruitment efforts and other methods for locating families) to ensure a pool of foster and adoptive families that is ethnically and racially diverse
- Influences or issues specific to a particular region or county
- Key collaborators with the agency on this item, where applicable
- Strengths that the State has demonstrated in addressing or implementing this item, including factors external to the agency
- Promising approaches in this area
- Barriers that the State faces with regard to successfully addressing or implementing this item, including factors external to the agency



**Item 45: State Use of Cross-Jurisdictional Resources for Permanent Placements.** Does the State have in place a process for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children?

Address the relevant exploratory issues below in discussing this item:

- Brief description of/update on the State's policy requirements and monitoring system regarding this item
- How the policy requirements described above are reflected in practice
- Changes in performance and practice regarding this item since the previous Statewide Assessment; these might include (1) changes resulting from PIP implementation and/or other initiatives or strategies implemented by the State and (2) patterns or trends in, or statewide or local contributing factors affecting, those changes
- Measures of effectiveness that demonstrate the State's functioning for this item, including quality assurance results, if available, and other data about the agency's effectiveness in recruiting and using homes in other jurisdictions for waiting children
- The State's effectiveness in working within the Interstate Compact on Placement of Children and other agreements between the State and other jurisdictions for the placement of children
- Influences or issues specific to a particular region or county
- Key collaborators with the agency on this item, where applicable
- Strengths that the State has demonstrated in addressing or implementing this item, including factors external to the agency
- Promising approaches in this area
- Barriers that the State faces with regard to successfully addressing or implementing this item, including factors external to the agency

## **Section V – State Assessment of Strengths and Needs**

On the basis of an examination of the data in section II and the narrative responses in sections III and IV, the Statewide Assessment Team should respond to the following questions in completing this section:

1. Determine and document which of the seven outcomes and systemic factors examined during the Statewide Assessment are primarily strengths, citing the basis for the determination.
2. Determine and document which of the seven outcomes and systemic factors examined during the Statewide Assessment are primarily areas needing improvement, citing the basis for the determination. Identify those areas needing improvement that the State would like to examine more closely during the onsite review, for example, to explore possible causal factors. Prioritize the list of areas needing improvement under the safety, permanency, and well-being outcomes.
3. Recommend two additional sites for the onsite review activities, using the strengths and areas needing improvement noted in 1 and 2 (the State's largest metropolitan area is a required location). Attempt to select sites in which the issues identified through the Statewide Assessment will be present and observable. Note the rationale for selecting these sites; if there are no issues that require further examination during the onsite review, explain which factors the State considered in site selection (for example, the need for a mix of rural and urban areas or for areas with typical practices). When making recommendations, the State should include all available data, including comparative data for the suggested sites in relation to statewide data, if available.
4. Provide comments about the State's experience with the Statewide Assessment Instrument and process. This information will assist the Children's Bureau in continually enhancing the Child and Family Services Review (CFSR) procedures and instruments.
5. Provide the names and affiliations of the individuals who participated in the Statewide Assessment process; please also note their roles in the process.

Statewide Assessment Checklist	
<b>Instructions:</b> Use the checklist below to assess and note whether the Statewide Assessment adequately addresses key areas. Then, considering the information collected through that assessment process, identify the following in section VI below: (1) issues requiring revisions to the Statewide Assessment and (2) issues requiring further review on site.	
<b>I. Stakeholder Involvement in the Statewide Assessment</b>	
Is there evidence of adequate consultation with youth in foster care in preparing the Statewide Assessment?	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Is there evidence of adequate consultation with tribes in preparing the Statewide Assessment?	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Is there evidence of adequate consultation with the courts in preparing the Statewide Assessment?	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Is there evidence of adequate consultation with the Court Improvement Program (CIP) in preparing the Statewide Assessment?	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Is there evidence of adequate consultation with other key parties outside the child welfare agency in preparing the Statewide Assessment?	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Are the stakeholders who were consulted identified in the Statewide Assessment?	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Are the stakeholders who are involved in other State child welfare planning and reform efforts, such as the Child and Family Services Plan (CFSP) and subsequent Annual Progress and Services Reports (APSRs) also engaged in the Statewide Assessment?	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
<b>II. Building on the Prior Statewide Assessment and Program Improvement Plan</b>	
Does the current Statewide Assessment show that the State has evaluated the progress made in the outcomes and systemic factors since the previous Statewide Assessment?	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:

Does the Statewide Assessment show that the State has evaluated the impact of its Program Improvement Plan (PIP) activities by, for example (1) indicating the status of the State's performance when beginning the PIP, (2) outlining the PIP accomplishments, and (3) documenting the status of the State's current performance?	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
<b>III. Use of a Variety of Information Sources</b>	
Does the Statewide Assessment show that the State used a variety of information sources, for example:	
Data profiles	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
State Automated Child Welfare Information System (SACWIS) or other management information system data	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Results of quality assurance reviews	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Consultations with external partners	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Surveys	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
CIP re-assessment	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Community-Based Child Abuse Prevention (CBCAP) reports/information	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Citizen review panel reports	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:

IV. Use of Data and Analysis of Program/Practice Issues	
Does the Statewide Assessment show that the State has reviewed their Adoption and Foster Care Analysis and Reporting System (AFCARS) and National Child Abuse and Neglect Data System (NCANDS) data, or alternate safety data, to ensure that the data are correct?	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Does the Statewide Assessment include a discussion of relevant program and practice issues, based on the data pertaining to each section of the document?	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
V. Usefulness of the Statewide Assessment During the Next Phases of the CFSR	
Does the Statewide Assessment provide sufficient information for selecting sites for the onsite review?	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Does the Statewide Assessment provide a solid overview of the agency's policies and practices for use by the Onsite Review Team?	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Will the Statewide Assessment inform and help the State appropriately target subsequent PIPs?	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
VI. Identification of Specific Issues	
<b>Safety:</b> <ul style="list-style-type: none"> <li>• Issues requiring revisions to the Statewide Assessment:</li> <li>• Issues requiring further review on site:</li> </ul>	
<b>Permanency:</b> <ul style="list-style-type: none"> <li>• Issues requiring revisions to the Statewide Assessment:</li> <li>• Issues requiring further review on site:</li> </ul>	

<p><b>Well-being:</b></p> <ul style="list-style-type: none"> <li>• Issues requiring revisions to the Statewide Assessment:</li> <li>• Issues requiring further review on site:</li> </ul>
<p><b>Information system:</b></p> <ul style="list-style-type: none"> <li>• Issues requiring revisions to the Statewide Assessment:</li> <li>• Issues requiring further review on site:</li> </ul>
<p><b>Case review system:</b></p> <ul style="list-style-type: none"> <li>• Issues requiring revisions to the Statewide Assessment:</li> <li>• Issues requiring further review on site:</li> </ul>
<p><b>Training:</b></p> <ul style="list-style-type: none"> <li>• Issues requiring revisions to the Statewide Assessment:</li> <li>• Issues requiring further review on site:</li> </ul>
<p><b>Agency responsiveness to the community:</b></p> <ul style="list-style-type: none"> <li>• Issues requiring revisions to the Statewide Assessment:</li> <li>• Issues requiring further review on site:</li> </ul>
<p><b>Licensing/recruitment/retention:</b></p> <ul style="list-style-type: none"> <li>• Issues requiring revisions to the Statewide Assessment:</li> <li>• Issues requiring further review on site:</li> </ul>

**Quality assurance:**

- Issues requiring revisions to the Statewide Assessment:
- Issues requiring further review on site:

**Service array:**

- Issues requiring revisions to the Statewide Assessment:
- Issues requiring further review on site:





## APPENDIX B

### CFSR ONSITE REVIEW INSTRUMENT

The Onsite Review Instrument is used to review both foster care and in-home services cases during the onsite review component of the Child and Family Services Reviews (CFSRs) of State child welfare agencies. In completing the Onsite Review Instrument, reviewers will conduct case file reviews and case-related interviews with children, parents, foster parents, caseworkers, and other professionals involved with the child.

The instrument is organized into a Face Sheet and three sections. On the Face Sheet, reviewers document general information about a case, such as the type of case. Reviewers are to document the names of individuals involved in the case on the Face Sheet. For the remainder of the instrument, reviewers are not to use proper names, but should use titles (for example, biological mother, target child, caseworker, etc.) when referencing individuals. When it is necessary to identify a child to clarify a response on the instrument, enter the child's first name only. No surnames are to appear anywhere in the instrument, except on the first page.

The three sections focus on the outcome domains that form the basis of the CFSRs: safety, permanency, and child and family well-being. For each outcome, reviewers collect information on a number of "items" related to that outcome.

While reviewers use the Onsite Review Instrument to review both foster care and in-home services cases, they complete the permanency section only if the case under review is a foster care case.

For children in foster care, reviewers should consider the Safety items (1 through 4) for all children in the family, but complete the Permanency items (5 through 16) and the Child and Family Well-Being items (17 through 23) only as they apply to the specific child whose case is under review. For children receiving in-home services, reviewers should apply the Safety and Child and Family Well-Being items to all the children in the family who are residing with, and included in services to, the family.

## Reviewing the Case

Reviewers must answer all the questions for each applicable item. If the question is not applicable to the case, then Not Applicable (NA) should be marked for that question.

Reviewers should document relevant and supporting information in the Reason for Rating and Documentation section at the end of each item. It is critical that reviewers document in this space the information gathered from the case record and interviews that supports the responses to the questions and indicate the source of the information (for example, during the interview with the biological mother she stated that she visits with the child weekly). While the instrument provides directions on where to find information, reviewers should use their professional judgment to determine how best to gather all the relevant information. Further direction for answering the questions relating to the individual items is provided below the relevant question.

<b>July 2008</b>	<b>OMB Control No: 0970-0214</b> <b>Expiration date: 1/31/2010</b>	
<b>CHILD AND FAMILY SERVICES REVIEWS</b> <b>ONSITE REVIEW INSTRUMENT</b> <b>Face Sheet</b>		
A. Name of State and county (or local area):	B. Case name:	C. Period under review:
<b>Instructions:</b> <ul style="list-style-type: none"><li>• For the local area, use the name that is used by the State for the review. This may be a region rather than a county, or may be multiple counties.</li><li>• Enter the case name that is the official name on the case file.</li><li>• The period under review is the timeframe used for making decisions about the case.</li></ul>		
D. Federal Reviewer: State Reviewer	E. Date case reviewed:	
F. Complete the chart below:		

**Instructions:**

- For both foster care cases and in-home services cases, enter the first and last names (first name first) of all children in the family as identified in the case file. If the case is a foster care case, mark the checkbox next to the name of the target child. It is essential that the target child be clearly identified for all foster care cases.
- Enter the race/ethnicity information as provided in the case file. If the child is of two or more races/ethnicities, list all that are provided in the case file (for example, White and Hispanic, or White and Native American, etc.). If during the course of the interviews, it is learned that a child is of a different race/ethnicity than is noted in the file or is of two or more races and only one is noted in the file (for example, Native American instead of Hispanic, or both Hispanic and Native American), please change the race identification information presented below to reflect the accurate information.
- Provide the date of birth for all children in the family, even if this is a foster care case.

Target Child:	Child(ren)'s name(s):	Race and/or ethnicity:	Date (Month/Day/Year):	Gender:
---------------	-----------------------	------------------------	------------------------	---------


G. Type of case reviewed:

☐ Foster Care Case

☐ In-home Services Case

**Instructions:**

- The case is a foster care case if the target child was in foster care at any time during the period under review. A child is considered to be in foster care if the State child welfare agency (hereafter "the agency") has care and placement responsibility for the child. This includes a child who is placed by the agency with relatives or in other kin-type placements, but the agency maintains care and placement responsibility. It does not include a child who is living with relatives (or caregivers other than parents) but who is not under the care and placement responsibility of the agency.
- The case is an in-home services case if no child in the family was in foster care at any time during the period under review, and the case was open for at least 60 days. If the case was not open for 60 days, please notify the Local Site Leader.

H. Was this case opened for reasons other than child abuse and neglect?

Yes ☐ No ☐  
s o

**Instructions:**

- Examples of cases opened for reasons other than child abuse or neglect include the following: (1) cases opened because of the child's behavior, including juvenile delinquency, substance abuse, or "child in need of supervision," and there were no maltreatment concerns in the family; or (2) cases for which the reasons for contact with the

family were not related to child abuse or neglect.

I. Date of most recent case opening for all cases (MM/DD/YY):

**Instructions:**

- Provide the date that the case was actually opened within the agency. If a child was on a trial home visit and returned to a foster care placement, it is not considered a "case opening" unless the trial home visit was longer than 6 months and there was no court order extending the trial home visit beyond 6 months.
- If the family received in-home services before the removal of a child and placement of the child in foster care and the case was not closed prior to placement, reviewers should enter the date that the case was opened for in-home services. The date of the child's removal from home will be captured in the next item.

J. Date of the child's most recent entry into foster care  
(MM/DD/YY):

Not Applicable ☐

**Definitions and Instructions:**

- "Entry into foster care" refers to a child's removal from his or her normal place of residence and placement in a substitute care setting under the care and placement responsibility of the State or local title IV-E/IV-B agency. Children are considered to have entered foster care if the child has been in substitute care for 24 hours or more.
- If a child was on a trial home visit and returned to a foster care placement, the return is not considered an "entry into foster care" unless the trial home visit was longer than 6 months and there was no court order extending the trial home visit beyond 6 months.
- If the case is an in-home services case, check Not Applicable.

K. Date of discharge from foster care for the most recent foster care episode (MM/DD/YY):

Not Applicable ☐ Not Yet Discharged ☐

**Definitions and Instructions:**

- "Discharge from foster care" is defined as the point when the child is no longer in foster care under the care and placement responsibility or supervision of the agency.
- If a child returns home on a trial home visit and the agency retains responsibility or supervision of the child, the child should be considered discharged from foster care only if the trial home visit was longer than 6 months, and there was no court order extending the

trial home visit beyond 6 months.

- If the child is in foster care but has not yet been discharged, check Not Yet Discharged.
- If the case is an in-home services case, check Not Applicable.

L. Date of case closure (for all cases) (MM/DD/YY):

Case not closed by time of review ☐

**Instructions:**

- Provide the date that the agency officially closed the case. For foster care cases, this may or may not be the same date as the discharge date.
- If the case is still open at the time of review, check "Case not closed by time of review."

M. Reason for agency involvement:

**Instructions:**

- Indicate the reason for the agency's involvement with this child or family for the most recent case opening. Check all reasons that apply.
- Place an asterisk next to the square that indicates the primary reason that the case was opened. It is essential that the primary reason is identified with an asterisk.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Physical Abuse                          | <input type="checkbox"/> Abandonment                      | <input type="checkbox"/> Substance abuse by child          |
| <input type="checkbox"/> Sexual abuse                            | <input type="checkbox"/> Mental/physical health of parent | <input type="checkbox"/> Domestic violence in child's home |
| <input type="checkbox"/> Emotional maltreatment                  | <input type="checkbox"/> Mental/physical health of child  | <input type="checkbox"/> Child in juvenile justice system  |
| <input type="checkbox"/> Neglect (not including medical neglect) | <input type="checkbox"/> Substance abuse by parent(s)     | <input type="checkbox"/> Other (specify)                   |
| <input type="checkbox"/> Medical neglect                         | <input type="checkbox"/> Child's behavior                 |  |

N. Persons interviewed by the reviewers (list below):

Relationship to Case	Date of Interview	Type of Interview
		<input type="checkbox"/> In-Person <input type="checkbox"/> Phone
		<input type="checkbox"/> In-Person <input type="checkbox"/> Phone
		<input type="checkbox"/> In-Person <input type="checkbox"/> Phone
		<input type="checkbox"/> In-Person <input type="checkbox"/> Phone

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13)

Public reporting burden for this collection of information is estimated to average 8 hours per response, including the time for reviewing instructions, reading case files and conducting interviews, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

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SECTION I: SAFETY
SAFETY OUTCOME 1: CHILDREN ARE, FIRST AND FOREMOST, PROTECTED FROM ABUSE AND NEGLECT.
<b>Item 1: Timeliness of initiating investigations of reports of child maltreatment (case file and interview with caseworker)</b>
<b>Purpose of Assessment:</b> To determine whether responses to all accepted child maltreatment reports received during the period under review were initiated, and face-to-face contact with the

child made, within the timeframes established by agency policies or State statute.

**Applicable Cases:**

- Cases are applicable for an assessment of this item if an accepted child maltreatment report on any child in the family was received during the period under review. "Accepted" means that the report was assigned to the agency to conduct an assessment or investigation. This includes reports assigned for an "alternative response" assessment. Reports that are screened out are not considered "accepted." "Alternative response" refers to an agency's approach to addressing child maltreatment reports that meet agency criteria for acceptance but at the initial screening do not meet the agency's requirements for a mandated investigation. For example, the agency's policy may be that reports that appear to present low to moderate risk to the child may be referred for a family assessment, rather than an investigation. Under such a response, no determination of child maltreatment is made. The alternative response may include an assessment to determine the safety of the child(ren), the risk of maltreatment, and the family's strengths and needs. The assessment may lead the State agency to provide services to eliminate or lessen the safety concerns and maltreatment risks.
- Cases are Not Applicable for an assessment of this item if, during the period under review, there were no child maltreatment reports on any child in the family, or if a report was received on a child in the family but was "screened out," that is, not referred for an assessment or investigation.

**Is this case applicable?** (Select the appropriate response. If the response is "No," complete question A1, then rate the case as Not Applicable in the ratings section, provide your reason for the rating in the documentation section, and continue to item 2.)

**Yes**

**No**



**Number**

A1. How many reports of suspected abuse or neglect have been received on any child(ren) in the family (including those that were screened out by the agency) during the life of the case?

**Instructions:**

- The information collected in question A1 is intended to provide background information on the family. It is not to be used to determine the rating.
- The life of the case begins with the first recorded maltreatment report received by the agency on any child in the family, even if the report was screened out.
- For foster care cases, reviewers should record the total number of reports of child



maltreatment for all children in the family, not just the child in foster care.

	Number
A2. How many accepted reports alleging abuse or neglect were received on any child(ren) in the family during the period under review (i.e., they were not screened out)?	

**Instructions for completing the table below:**

- Complete the following table for all accepted reports received during the period under review.
- The date the investigation or assessment was initiated is the date that the agency made the first attempt to contact the family.
- The date assigned for an investigation or assessment is the date the report is assigned to a specific worker to conduct the investigation or assessment (unless the State policy has a different definition for "assigned").
- Under date assigned for investigation or assessment, indicate what action was taken (i.e., was the report investigated or referred for assessment?).
- In the last column, report the disposition of the case (for example, substantiated, indicated, not substantiated, unfounded, etc.). If the case was not investigated and, therefore, did not have a disposition, indicate whether it was opened for services.

Report Date	First Name of Child	Allegation	Priority Level (if Applicable)	Date Assigned for an investigation or Assessment	Date Investigation or Assessment Initiated	Date of Face-to-Face Contact With Child	Relationship of Alleged Perpetrator to Child	Disposition


	Number
B. In how many of the reports listed above was the investigation NOT initiated in accordance with the State's timeframes and requirements for a report of that priority?	
C. In how many of the reports listed above was face-to-face contact with the child(ren) who is the subject of the report NOT made in accordance with the State's timeframes and requirements for a report of that priority? (If the State does not have a written policy regarding face-to-face contact, check with your Local Site Leader to determine how this factor is to be assessed.)	
D. For all reports identified in B and C, were the reasons for the delays due to circumstances beyond the control of the agency?	<div> <div>Yes</div> <div>No</div> <div>NA</div> </div> <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>
<b>Instructions:</b> <ul style="list-style-type: none"> <li>If the answers to both questions B and C are zero, the answer to question D should be Not Applicable (NA).</li> <li>Delays in services provided by organizations or agencies under contract with the agency would not be considered to be beyond the control of the agency. However, where services are provided by another public State or local agency, such as law enforcement, the actions of these agencies may be beyond the control of the child welfare agency.</li> </ul>	
<b>Rating Criteria:</b> <p>Item 1 should be rated as a Strength if either of the following applies:</p> <ul style="list-style-type: none"> <li>The answers to B and C are zero.</li> </ul>	

- The answers to B or C are greater than zero, but the answer to D is Yes.

**Item 1 should be rated as an Area Needing Improvement if the following applies:**

- The answer to B or C is greater than zero, and the answer to D is No.

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<b>Rating for this indicator: (Check one)</b>	<input type="checkbox"/>	<b>Strength</b>	<input type="checkbox"/>	<b>Area Needing Improvement</b>	<input type="checkbox"/>	<b>Not Applicable</b>
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### **Reason for Rating and Documentation**

Please provide below your main reason for rating this item as a Strength, an Area Needing Improvement, or Not Applicable, and provide documentation for the identified issues. If any issue is Not Applicable to the case, enter NA in the appropriate space. For each issue, indicate the source of your information (for example, case file, interview with biological mother, interview with caseworker, etc.).

### **Main Reason**

**Item 1 is rated as \_\_\_\_\_ because:**

### **Documentation Information**

If not explained in the "reason for rating" section, identify reasons why a response was not initiated within established timeframes (if applicable and reason is available):

If not explained in the "reason for rating" section, identify reasons why face-to-face contact was

not made within established timeframes (if applicable and reason is available):

Discuss the special circumstances that the reviewers considered in determining a rating of Strength for this item even if there was a delay in initiating the response or making face-to-face contact, if applicable:

Other Issues:

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**SAFETY OUTCOME 1: CHILDREN ARE, FIRST AND FOREMOST, PROTECTED FROM ABUSE AND NEGLECT.**

**Item 2: Repeat maltreatment (case file and interview with caseworker)**

**Purpose of Assessment:** To determine if any child in the family experienced repeat maltreatment within a 6-month period.

**Applicable Cases:**

- A case is applicable if there was at least one maltreatment report involving any child in the family that met all of the following criteria: (1) it was received during the period

under review, (2) it referred to a maltreatment incident that occurred during the period under review, and (3) it was investigated and determined to be "substantiated" or "indicated" (some States will have different terminology, such as "founded" rather than "substantiated"); or

- There was at least one maltreatment report involving any child in the family that met all of the following criteria: (1) it was received during the period under review, (2) it referred to a maltreatment incident that occurred during the period under review, and (3) it was referred for an assessment and the decision was made to open the case for services to address concerns relevant to the safety of at least one of the children in the family (this decision may have been made by the agency or by a private provider under contract with the agency).

Cases are not applicable for assessment of this item if either of the following applies:

- All maltreatment reports received during the period under review were "screened out," that is, the reports were neither investigated nor referred for an alternative response, or
- The only maltreatment report that was received and investigated or assessed during the period under review referred to an incident that occurred before the period under review.

<b>Is this case applicable?</b> (Select the appropriate response. If the response is No, rate the case as Not Applicable in the ratings section, provide your reason for this rating in the documentation section, and continue to rate Safety Outcome 1.)	<b>Yes</b>  <input type="checkbox"/>	<b>No</b>  <input type="checkbox"/>
<b>A. During the period under review, was there:</b>  1. at least one substantiated or indicated maltreatment report involving any child in the family?  2. at least one maltreatment report involving any child in the family that was referred for an assessment and the decision was made to open the case for services to address concerns relevant to the safety of at least one of the children in the family (this decision may have been made by the agency or by a private provider under contract with the agency)?	<b>Yes</b>  <input type="checkbox"/>	<b>No</b>  <input type="checkbox"/>
	<b>Yes</b>  <input type="checkbox"/>	<b>No</b>  <input type="checkbox"/>

**Definitions:**

- "Substantiated" refers to an investigation in which the report of maltreatment or risk of maltreatment was supported or founded according to State law or policy. Reviewers should be aware that a State may have different terms for this and identify the correct terms.
- "Indicated" means that the investigation resulted in a reason to suspect maltreatment, but

there was insufficient evidence to substantiate the report under State law or policy.

**Instructions:**

- Use the information provided in the table for item 1 to answer questions A1 and A2. The key information is provided in the columns pertaining to (1) the report date, (2) whether there was an assessment or an investigation, and (3) the disposition or whether the case was opened for services.
- If the answers to questions A1 and A2 are No, the case should be rated Not Applicable in the ratings section. Provide your reason in the documentation section, and move to the rating for Safety Outcome 1.

B. If the answer to either question A1 or A2 is Yes, within a 6-month period before or after any maltreatment report identified in question A:

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 1. was there at least one additional substantiated or indicated maltreatment report involving any child in the family?<br><i>Or</i>  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. was there at least one additional maltreatment report involving any child in the family that was handled by an alternative response and resulted in a decision to open the case for services to address concerns relevant to the safety of at least one of the children in the family (the case may have been opened for services by the agency or by a private provider under contract with the agency)? | <input type="checkbox"/> | <input type="checkbox"/> |

**Instructions:**

- Reviewers should answer No to questions B1 and B2 if the only additional maltreatment reports occurring within 6 months of one another referred to the same maltreatment incident identified in question A.
- Reviewers should be aware that sometimes when children come into contact with a child welfare agency they disclose maltreatment incidents that occurred prior to the maltreatment incident that brought them into contact with the agency. The agency then may investigate these earlier incidents. If the case under review involves this type of maltreatment report and the report was substantiated or indicated, please follow the instructions below:
  - If the maltreatment report refers to an incident that occurred within 6 months before another maltreatment report received during the period under review, and the report is substantiated or indicated, then the answer to question B1 or B2 should be Yes.
  - If the maltreatment report refers to an incident that occurred more than 6 months before another maltreatment report received during the period under review, then the answers to questions B1 and B2 should be No, even if the report is

substantiated or indicated.

C. If the response to either question B1 or B2 is Yes, did:	Yes	No	NA
1. the report(s) identified in questions A and B above involve the same or similar circumstances? <i>Or</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. any of the reports involve maltreatment of the child by the foster parents, members of the foster parents' family, other children in the foster home or facility, or facility staff members?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Instructions:**

- If the answers to questions B1 and B2 are No, then the reviewers should answer Not Applicable (NA) to questions C1 and C2.
- Reviewers should answer No to question C1 if the answer to either question B1 or B2 is Yes, but there is no relationship between the circumstances involved in the two events. In determining the similarity of the circumstances, reviewers should consider the perpetrator of the maltreatment and other individuals involved in the incident.
- Reviewers should answer No to question C2 if the answer to either question B1 or B2 is Yes, but none of the substantiated or indicated maltreatment reports involved maltreatment of the child by the foster parents, members of the foster parents' family, other children in the foster home or facility, or facility staff members.

**Rating Criteria:**

**Item 2 should be rated as a Strength if either of the following applies:**

- The answer to either question A1 or A2 is Yes, and the answers to both questions B1 and B2 are No.
- The answers to both questions C1 and C2 are No or Not Applicable.

**Item 2 should be rated as an Area Needing Improvement if the answer to at least one question in each of A, B, and C is Yes.**

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<b>Rating for this indicator: (Check</b>	<input type="checkbox"/>	<b>Strength</b>	<input type="checkbox"/>	<b>Area Needing</b>	<input type="checkbox"/>	<b>Not</b>
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one)			Improvement		Applicable
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**Reason for Rating and Documentation**  
Please provide below your main reason for rating this item as a Strength, an Area Needing Improvement, or Not Applicable, and provide documentation for the identified issues. If any issue is Not Applicable to the case, enter NA in the appropriate space. For each issue, indicate the source of your information (for example, case file, interview with biological mother, interview with caseworker, etc.).

**Main Reason**  
Item 2 is rated as \_\_\_\_\_ because:

**Documentation Information**  
If the item is rated as an Area Needing Improvement, indicate the dates of the maltreatment reports (or incidents) that occurred within the 6-month period:

For each situation that was assigned to an alternative response track, document the information demonstrating that the case was opened for services to address children's safety or for determining that the case was opened for reasons not related to child safety:

If not explained in the "reason for rating" section, if there was maltreatment recurrence, document the circumstances related to maltreatment incidents including information related to the perpetrators, and indicate why the reviewers determined that the two incidents did or did not



involve the same circumstances:

Describe the circumstances related to any substantiated or indicated reports of maltreatment (if relevant) involving the foster parents, members of the foster parents' family, other children in the foster home or facility, or facility staff members:

Other Issues:

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### **RATING SAFETY OUTCOME 1**

**SAFETY OUTCOME 1: CHILDREN ARE, FIRST AND FOREMOST, PROTECTED FROM ABUSE AND NEGLECT.**

Select the level of outcome achievement that best describes the extent to which this outcome is being or has been achieved, based on the ratings for items 1 and 2.

**Level of Outcome Achievement**

<input type="checkbox"/> Substantially Achieved:	<p>Safety Outcome 1 should be rated as Substantially Achieved if either of the following applies:</p> <ul style="list-style-type: none"> <li>• Item 1 and item 2 are rated as Strengths.</li> <li>• One of the two items is rated as a Strength, and the other is Not Applicable.</li> </ul>
<input type="checkbox"/> Partially Achieved:	<p>Safety Outcome 1 should be rated as Partially Achieved if the following applies:</p> <ul style="list-style-type: none"> <li>• One of the two items is rated as an Area Needing Improvement, and one is rated as a Strength.</li> </ul>
<input type="checkbox"/> Not Achieved:	<p>Safety Outcome 1 should be rated as Not Achieved if either of the following applies:</p> <ul style="list-style-type: none"> <li>• Item 1 and item 2 are rated as an Area Needing Improvement.</li> <li>• One of the two items is rated as an Area Needing Improvement, and the other is Not Applicable.</li> </ul>
<input type="checkbox"/> Not Applicable:	<p>Safety Outcome 1 should be rated as Not Applicable if the following applies:</p> <ul style="list-style-type: none"> <li>• Both item 1 and item 2 are rated as Not Applicable.</li> </ul>

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## SAFETY OUTCOME 2: CHILDREN ARE SAFELY MAINTAINED IN THEIR HOMES WHENEVER POSSIBLE AND APPROPRIATE

**Item 3: Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care (case file and interviews with caseworker, parent(s), service providers)**

**Purpose of Assessment:** To determine whether, during the period under review, the agency made concerted efforts to provide services to the family to prevent children's entry into foster

care or re-entry after a reunification.

**Applicable Cases:** A case is applicable for an assessment of this item if it meets at least one of the following criteria:

- It is an in-home services case and the reviewer determines that there are concerns regarding the safety of at least one child in the family during the period under review.
- It is an in-home services case and services were provided for children at risk of foster care placement to remain safely in their homes.
- It is a foster care case and the child entered foster care during the period under review due to safety concerns.
- It is a foster care case, the child was reunified during the period under review or was returned home on a trial basis, and the reviewer determines that there are concerns regarding the safety of that child in the home.
- It is a foster care case, and although the target child entered foster care before the period under review and remained in care for the entire period under review, there are other children in the home and the reviewer determines that there are concerns regarding the safety of these children during the period under review.

**Is this case applicable?** (Select the appropriate response. If the response is No, rate the case as Not Applicable in the ratings section, provide your reason for the rating in the documentation section, and continue to item 4.)

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

A. For the period under review, did the agency make concerted efforts to provide or arrange for appropriate services for the family to protect children and prevent their entry into foster care or re-entry into foster care after a reunification? (Be sure to assess the entire period under review.)

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

**Definitions:**

- "Appropriate services" for purposes of item 3 are those that are provided to, or arranged for, the family with the explicit goal of ensuring the child's safety, such as homemaking services, family preservation services, anger management classes, or substance abuse treatment services, etc., and that meet the specific needs or circumstances of the family. For example, if a parent's substance abuse is associated with the neglect that brought the case to the attention of the agency, then substance abuse treatment would be an appropriate service. If, in this situation, all that is offered is parenting education, then that service by itself would not be appropriate to address the safety issues. As another example, if there was domestic violence in the family and there was no effort to offer or provide domestic violence prevention services to the family, then the services would not be considered appropriate to ensure the child's safety. If a child needs mental health

services, education-related services, or services to address behavioral problems, in most cases these would not be considered relevant to the child's safety if the child remained in the home. Efforts of the agency to meet these service needs are assessed in other items.

- "Appropriate services" also would include services provided to, or arranged for, a noncustodial parent, but only if the parent has contact with the child and there are safety concerns associated with that contact. It would not include services to assist the noncustodial parent in becoming a permanent caregiver.
- "Concerted efforts" for purposes of item 3 refers to the following activities: conducting a safety assessment to identify the services that are necessary to ensure the child's safety in the home, working to engage families in services, and facilitating a family's access to those services.

**Instructions:**

- In answering question A, focus only on whether the agency made concerted efforts to provide appropriate and relevant services to the family to address the safety issues in the family so that the child could remain in the home or would not re-enter foster care. Concerns about monitoring service participation and safety planning and assessment of progress made will be captured in item 4.
- If the agency removed the child from the home without making concerted efforts to provide services, the answer to question A should be No, even if the agency determined that it was necessary to remove the child for safety reasons. This issue will be addressed in question B.

B. If, during the period under review, any child was removed from the home without providing or arranging for services, was this action necessary to ensure the child's safety? Yes No NA  
☐ ☐ ☐

**Instructions:**

- If the answer to question A is Yes, but, after making efforts to provide services, the child(ren) were removed from the home during the period under review due to safety concerns, the answer to question B should be Not Applicable (NA).
- If the child was not removed from the home during the period under review, the answer to question B should be Not Applicable (NA).
- Reviewers should focus on whether the circumstances of the case suggest that services would not have been able to ensure the child's safety if the child remained in the home. If the information indicates that it was necessary to remove the child to ensure the child's safety, the answer to question B should be Yes. If the information indicates that services should have been provided to prevent removal (for example, homemaking or family preservation services) but the child was removed without providing those services, this question should be answered No.
- If services should have been offered to protect the child, but were not because those

services were not available in the community, the answer to question B should be No.

**Rating Criteria:**

**This item should be rated as a Strength if either of the following applies:**

- The answer to question A is Yes, and the answer to question B is Not Applicable.
- The answer to question A is No, but the answer to question B is Yes.

**This item should be rated as an Area Needing Improvement if either of the following applies:**

- The answer to question A is No, and the answer to question B is No.
- The answer to question A is No, and the answer to question B is Not Applicable.

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**Rating for this  
indicator: (Check  
one)**



**Strength**



**Area Needing  
Improvement**



**Not  
Applicable**

**Reason for Rating and Documentation**

Please provide below your main reason for rating this item as a Strength, an Area Needing Improvement, or Not Applicable, and provide documentation for the identified issues. If any issue is Not Applicable to the case, enter NA in the appropriate space. For each issue, indicate the source of your information (for example, case file, interview with biological mother, interview with caseworker, etc.).

**Main Reason**

**Item 3 is rated as \_\_\_\_\_ because:**

**Documentation Information**

If not explained in the "reason for rating" section, describe the circumstances of the case that indicate a safety risk to the child:

If not explained in the "reason for rating" section, identify the services that were needed by the family to address safety issues and describe how those services were or were not provided by the agency during the period under review:

If not explained in the "reason for rating" section, provide the reason for removing the child from the home during the period under review without providing services (if relevant and reason is available) and provide the reviewers' reasons for determining whether the reason was appropriate or inappropriate:

Other Issues:

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**SAFETY OUTCOME 2: CHILDREN ARE SAFELY MAINTAINED IN THEIR HOMES WHENEVER POSSIBLE AND APPROPRIATE**

**Item 4: Risk assessment and safety management (case file and interviews with caseworker, parent(s), child, foster parent(s), service providers, guardians ad litem)**

**Purpose of Assessment:** To determine whether, during the period under review, the agency made concerted efforts to assess and address the risk and safety concerns relating to the child(ren) in their own homes or while in foster care.

**Applicable Cases:** All cases are applicable for an assessment of this item.

A. If the case was opened during the period under review, did the agency conduct an initial assessment of the risk to the target child in foster care and/or any child(ren) in the family remaining in the home? **Yes No NA**  
☐ ☐ ☐

B. During the period under review, did the agency conduct ongoing assessments of the risk to the target child in foster care and/or any child(ren) in the family remaining in the home? **Yes No NA**  
☐ ☐ ☐

**Definitions:**

- "Risk" is defined as the likelihood that a child will be maltreated in the future.
- "Target child" is defined as the child in a foster care case who is the subject of the case.

**Instructions:**

- Questions A and B should be answered for the target child in foster care or receiving in-home services and any other children in the family remaining in the home.
- Question A should be answered Not Applicable (NA) if the case was opened before the period under review.
- Reviewers should note that in some cases, the issue of ongoing risk assessments may not be relevant because the case was opened near the end of the period under review and was not closed during the period under review (for example, if the case was opened shortly before the end of the period under review and during the initial assessment the agency determined that there were no risk concerns, then it may be reasonable to conclude that the agency would not have conducted a second risk assessment during the period under review). In this case, reviewers should determine whether the agency conducted ongoing risk assessments and, if not, whether it should have given the timeframe of the case. If reviewers believe that ongoing risk assessments were not necessary, question B may be

answered Not Applicable (NA).

- In responding to question B, reviewers should determine whether ongoing risk assessments (formal or informal) were conducted during the period under review. If the agency conducted a risk assessment at the onset of the case, but did not assess for risk on an ongoing basis (for example, when there were new allegations of abuse or neglect, changing family conditions, changes to visitation, upon reunification, or at case closure, etc.) then the answer to question B should be No unless the reviewers have sufficient information, based on their review of the case, to determine that during the period under review there were no apparent risk concerns for the child in foster care or any child(ren) in the family who remained in the home.
- If a case was closed during the period under review, reviewers should determine whether the agency conducted a risk assessment before closing the case. If not, the answer to question B should be No, unless the reviewers have sufficient information, based on their review of the case, to determine that such an assessment was not necessary because during the period under review there were no apparent risk concerns for the child in foster care or any child(ren) in the family remaining in the home.

C. If the case was opened during the period under review for either foster care or in-home services, did the agency: (1) conduct an initial assessment of the safety of the target child in foster care and/or any child(ren) remaining in the home, and (2) develop a safety plan with the family for addressing identified safety issues? **Yes No NA**  
☐ ☐ ☐

D. During the period under review, did the agency: (1) conduct ongoing safety assessments of the target child in foster care and/or any child(ren) remaining in the home, and (2) continually monitor and update the safety plan, including encouraging family engagement in services designed to promote achievement of the goals of the safety plan? **Yes No NA**  
☐ ☐ ☐

#### **Definitions:**

- "Safety assessment" refers to the determination of whether a child is in a safe environment. A safe environment is one in which there are no threats that pose a danger or, if there are threats, there is a responsible adult in a caregiving role who demonstrates sufficient capacity to protect the child.
- "Safety plan" refers to a plan that describes strategies developed by the agency and family to ensure that the child(ren) is safe. Safety plans should address safety threats and how those will be managed/addressed by the caregiver, caregiver capacity to implement the plan and report safety issues to the agency, and family involvement in implementation of the plan. Safety plans may be separate from or integrated into the case plan.

#### **Instructions:**



- Questions C and D should be answered for the target child in foster care or receiving in-home services and any other child(ren) in the family remaining in the home.
- Question C should be answered Not Applicable (NA) if the case was opened before the period under review.
- Question D should be answered Not Applicable (NA) if the reviewers determine that during the period under review there were no apparent safety concerns for the target child in foster care and/or any child(ren) in the family remaining in the home.
- Reviewers should note that in some cases, the issue of ongoing safety assessments may not be relevant because the case was opened near the end of the period under review and was not closed during the period under review (for example, if the case was opened shortly before the end of the period under review and during the initial assessment the agency determined that there were no safety concerns, then it may be reasonable to conclude that the agency would not have conducted a second safety assessment during the period under review). In this case, reviewers should determine whether the agency conducted ongoing safety assessments and, if not, whether the assessments should have been conducted given the timeframe of the case. If reviewers believe that ongoing safety assessments were not necessary, question D may be answered Not Applicable (NA).
- In responding to questions C and D, reviewers should determine whether the agency conducted initial and ongoing safety assessments (formal or informal) during the period under review.
- If the agency did not assess the child(ren)'s safety on an ongoing basis (for example, when there were new allegations of abuse or neglect, changing family conditions, changes to visitation, upon reunification, or at case closure, etc.) then the answer to question D should be No unless the reviewer determines that during the period under review there were no apparent safety concerns for any child(ren) in the family remaining in the home.
- If the case was closed during the period under review, reviewers should determine whether a safety assessment was conducted before closing the case. If not, the answer to question D should be No, unless the reviewer has sufficient information, based on review of the case, to determine that such an assessment was not necessary because during the period under review there were no apparent safety concerns for any child(ren) in the family remaining in the home.

E. During the period under review, were there safety concerns pertaining to the target child in foster care or any child(ren) in the family remaining in the home that were not adequately or appropriately addressed by the agency?

Yes No NA  
☐ ☐ ☐

#### Instructions:

- In answering question E, reviewers should consider whether any of the following occurred while the case was open for services (select all that are appropriate and provide further information in the documentation section):
  - There were maltreatment allegations on the family that were reported to the

- agency but were inappropriately screened out (based on reviewers' judgments).
  - There were maltreatment allegations on the family but they were never formally reported or formally investigated.
  - There were extensive delays in accepting an allegation for investigation or assessment.
  - There were maltreatment allegations that were not substantiated despite evidence that would support a substantiation.
  - The case was closed prematurely (based on reviewers' judgments and because of either an agency or court decision).
- Question E should be answered Not Applicable (NA) if the reviewer determines that during the period under review there were no apparent safety concerns for the target child in foster care and/or any child(ren) in the family remaining in the home.

F. During the period under review, was there a safety concern related to the target child in foster care during visitation by parents or other family members that could be attributed to not providing sufficient monitoring of visitation, permitting unsupervised visitation when it was not appropriate, or court-ordered visitation against agency recommendations? **Yes No NA**  
☐ ☐ ☐

**Instructions:**

- The answer to question F should be Not Applicable (NA) if this is not a foster care case.
- If the child does not have visits with the parents or with other family members (for example, parental rights have been terminated and the parents are no longer involved in the child's life, or parents are incarcerated and there are no visits with family members), the answer to question F should be Not Applicable (NA).
- Reviewers should determine whether the visitation arrangements with parents or other family members with regard to supervised or unsupervised visits or home visits were appropriate given the circumstances of the case.
- If a reviewer determines that unsupervised visitation is permitted, but that this type of visitation presents safety concerns for the child, then the answer to question F should be Yes.
- Reviewers should assess whether any safety concerns existed during the child's visitation with parents. For example, were there allegations of child maltreatment during visitation or was the child in an unsafe situation during visitation (for example, because the custodial parent's significant other, who was known to be a drug user, was present in the home or because previously identified risk factors had not been mitigated through effective treatment)?

G. During the period under review, was there a concern for the target child's safety related to the foster parents, members of the foster parents' family, other children **Yes No NA**

in the foster home or facility, or facility staff members that was not adequately or ☐ ☐ ☐ appropriately addressed by the agency? (Foster parents include pre-adoptive parents and nonlicensed relatives providing care to a child in State custody.)

**Instructions:**

- The answer to question G should be Not Applicable (NA) if this is not a foster care case.
- The answer to question G should be Yes if reviewers determine that, during the period under review, the child was in at least one foster care placement in which he or she was unsafe, and appropriate action was not taken (such as providing closer monitoring of the placement, placing fewer children in the home, providing services to address potential problems or existing problems, finding a more appropriate placement, etc.). The following are examples:
  - There was a substantiated allegation of maltreatment of the child by a foster parent (including a relative foster parent) or facility staff member that could have been prevented if the agency had taken appropriate actions.
  - There was a critical incident report or other major issue relevant to noncompliance by foster parents or facility staff that could potentially make the child unsafe, and the agency could have prevented it or did not provide an adequate response after it occurred.
  - The child's placement during the period under review presented other risks to the child that are not being addressed, even though no allegation was made and no critical incident reports were filed.
  - The reviewers discover that there are safety concerns related to the child in the foster home that the agency is unaware of because of inadequate monitoring.

H. During the period under review, if the target child was discharged from foster care to be reunited with parents or relatives or returned home on a trial home visit, **Yes No NA**  
 did the agency conduct a thorough safety assessment? ☐ ☐ ☐

**Instructions:**

- The answer to question H should be Not Applicable (NA) if, during the period under review, the child was not discharged from foster care to reunification with parents or relatives or was not returned home on a trial visit at any time.
- The answer to question H should be Yes if the child was reunified with parents or relatives on a permanent or trial basis, and a thorough safety assessment was conducted before reunification.
- If a thorough safety assessment was not conducted before reunification or a trial home visit, the answer to question H should be No.

**Rating Criteria:**

**Item 4 should be rated as a Strength if both of the following apply:**

- The answers to questions A, B, C, D, and H are either Yes or Not Applicable, and
- The answers to questions E, F, and G are either No or Not Applicable.

**Item 4 should be rated as an Area Needing Improvement if either of the following applies:**

- The answer to any one of questions A, B, C, D, or H is No, or
- The answer to any one of questions E, F, or G is Yes.

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Rating for this indicator (select one):	<input type="checkbox"/>	Strength	<input type="checkbox"/>	Area Needing Improvement
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**Reason for Rating and Documentation**

Please provide below your main reason for rating this item as a Strength or an Area Needing Improvement and provide documentation for the identified issues. If any issue is Not Applicable to the case, enter NA in the appropriate space. For each issue, indicate the source of your information (for example, case file, interview with biological mother, interview with caseworker, etc.).

**Main Reason**

**Item 4 is rated as \_\_\_\_\_ because:**

**Documentation Information**

If not explained in the "reason for rating" section, describe the circumstances of the case that indicate risk concerns related to the child(ren):

Describe the characteristics of the risk assessment(s) (for example, was one conducted, how was it conducted, how comprehensive was it, what did it include or not include?), including the timing of the risk assessments (for example, at first contact, at the conclusion of the investigation, at case transfer, on an ongoing basis, when new allegations of abuse or neglect were received, when determining changes to visitation, at reunification, or before case closure):

If not explained in the "reasons for rating" section, describe the circumstances of the case that indicate safety concerns related to the child(ren):

Describe the characteristics of the safety assessment(s) (for example, was one conducted, how was it conducted, how comprehensive was it, what did it include or not include?), including the timing of the safety assessments (for example, at first contact, at the conclusion of the investigation, at case transfer, on an ongoing basis, when new allegations of abuse or neglect were received, when determining changes to visitation, at reunification, or before case closure):

Identify the activities undertaken to monitor participation in safety-related services (or the absence of activities to monitor service participation):

Describe the nature of the safety concerns related to the child(ren) during visitation (if relevant), including a description of the visitation (for example, was it unsupervised, and if so, was this appropriate?):

Describe the nature of the safety concerns related to the child(ren) from foster care providers (if relevant) and the agency activities with regard to addressing safety. (For example, was there sufficient monitoring of the placement? Was there an excessive number of children in the foster home? Did the agency respond to the foster parent's request for services to address problems? Is there sufficient monitoring of residential facilities? Are there people living in the home of whom the agency is unaware?):

Was there a report substantiating that the foster care provider(s) maltreated the child during the period under review? If Yes, describe the circumstances of that report, whether the agency might have prevented the maltreatment, and the agency's response:

Other Issues:

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RATING SAFETY OUTCOME 2	
SAFETY OUTCOME 2: CHILDREN ARE SAFELY MAINTAINED IN THEIR HOMES WHENEVER POSSIBLE AND APPROPRIATE.	
Select the level of outcome achievement that best describes the extent to which this outcome is being or has been achieved, based on the ratings for items 3 and 4.	
Level of Outcome Achievement	
<input type="checkbox"/> Substantially Achieved:	Safety Outcome 2 should be rated as Substantially Achieved if either of the following applies: <ul style="list-style-type: none"><li>• Item 3 and item 4 are rated as Strengths.</li><li>• One of the two items is rated as a Strength and the other is Not Applicable.</li></ul>
<input type="checkbox"/> Partially Achieved:	Safety Outcome 2 should be rated as Partially Achieved if the following applies: <ul style="list-style-type: none"><li>• One of the two items is rated as a Strength and the other as an Area Needing Improvement.</li></ul>
<input type="checkbox"/> Not Achieved:	Safety Outcome 2 should be rated as Not Achieved if either of the following applies: <ul style="list-style-type: none"><li>• Item 3 and item 4 are rated as an Area Needing Improvement.</li><li>• One of the two items is rated as an Area Needing Improvement, and the other is Not Applicable.</li></ul>
<input type="checkbox"/> Not Applicable:	Safety Outcome 2 should be rated as Not Applicable if the following applies: <ul style="list-style-type: none"><li>• Both item 3 and item 4 are rated as Not Applicable.</li></ul>

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## SECTION II: PERMANENCY

PERMANENCY OUTCOME 1: CHILDREN HAVE PERMANENCY AND STABILITY IN THEIR LIVING SITUATIONS.

### Item 5: Foster care re-entries (case files, court orders, interview with caseworker)

**Purpose of Assessment:** To assess whether children who entered foster care during the period under review were re-entering within 12 months of a prior foster care episode.

**Applicable Cases:** A case is applicable for an assessment of this item if the child entered foster care at least once during the period under review.

**Special Circumstances:** If a child was on a trial home visit and then returned to a substitute care setting, that return is not considered an "entry into foster care" and the case is not applicable, unless the child was on a trial home visit for more than 6 months and there is no court order extending the trial home visit beyond 6 months.

**Is this case applicable?** (Select the appropriate response. If the response is No, rate the item as Not Applicable in the rating section, provide your reason for this rating in the documentation section, and continue to item 6.)

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

A. Did any of the child's foster care entries during the period under review occur within 12 months of the child's discharge from a prior foster care episode?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

#### Definitions:

- "Entry into foster care" refers to a child's removal from his or her normal place of residence and placement in a substitute care setting under the care and placement responsibility of the State or local title IV-E/IV-B agency. Children are considered to have entered foster care if the child has been in substitute care for 24 hours or more.
- "Episode of foster care" refers to the timeframe between a child's entry into foster care (the date shown in Section J on the Face Sheet) and the child's discharge from foster care (the date shown in Section K on the Face Sheet).
- "Discharge" refers to the point when the child is no longer in foster care under the care and responsibility or supervision of the agency. If the agency retains supervision of a



child and the child returns home on a trial basis for an unspecified period of time, the child should be considered discharged from foster care after a 6-month period of time, unless a longer period of time has been specified in a court order.

**Instructions:**

- Reviewers are to answer this question based only on formal entries into and exits from foster care as defined above. Reviewers are not to consider physical reunification as a discharge from foster care unless there also is a transfer of care and placement responsibility.

B. If the answer to question A is Yes, was there evidence that concerted efforts were made to prevent re-entry? **Yes No NA**  
☐ ☐ ☐

**Instructions:**

- If the answer to question A is No, the answer to question B should be Not Applicable (NA).
- Reviewers should examine the reasons why a child had multiple entries into foster care and what efforts were made to prevent the re-entry.

**Rating Criteria:**

**Item 5 should be rated as a Strength if either of the following applies:**

- The answer to question A is No.
- The answer to question A is Yes, and the answer to question B is Yes.

**Item 5 should be rated as an Area Needing Improvement if both of the following apply:**

- The answer to question A is Yes.
- The answer to question B is No.

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<b>Rating for this indicator: (Check one)</b>	<input type="checkbox"/>	<b>Strength</b>	<input type="checkbox"/>	<b>Area Needing Improvement</b>	<input type="checkbox"/>	<b>Not Applicable</b>
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**Reason for Rating and Documentation**

Please provide below your main reason for rating this item as a Strength, an Area Needing Improvement, or Not Applicable, and provide documentation for the identified issues. If any issue is Not Applicable to the case, enter NA in the appropriate space. For each issue, indicate the source of your information (for example, case file, interview with biological mother, interview with caseworker, etc.).

**Main Reason**

Item 5 is rated as \_\_\_\_\_ because:

**Documentation Information**

Date of child's first entry into foster care during the period under review:

\_\_\_\_\_

Was this entry within 12 months of a previous discharge: ☐ yes ☐ no

Date of discharge, if any, within 12 months of this entry: \_\_\_\_\_

Document the circumstances related to the re-entry within 12 months:

If there are additional entries into foster care after a discharge during the period under review, provide the above information for each of those entries:

Other Issues:

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**PERMANENCY OUTCOME 1: CHILDREN HAVE PERMANENCY AND STABILITY IN THEIR LIVING SITUATIONS.**

**Item 6: Stability of foster care placement (case files and interviews with caseworker, foster parent(s), child)**

**Purpose of Assessment:** To determine if the child in foster care is in a stable placement at the time of the onsite review and that any changes in placement that occurred during the period under review were in the best interest of the child and consistent with achieving the child's permanency goal(s).

**Applicable Cases:** All foster care cases are applicable for an assessment of this item.

**Is this case applicable?** (Select the appropriate response. If the response is No, rate the item as Not Applicable in the rating section, provide your reason for this rating in the documentation section, and continue to item 7.)

**Yes**

**No**



**Number**

A. How many placement settings did the child experience during the period under review?

**Definitions:**

- "Placement setting" refers to a physical setting in which a child resides while in foster care under the care and placement of the agency. A new placement setting would result, for example, when a child moves from one foster family home to another or to a group home or institution. Placement settings may include shelter care, treatment facilities, and juvenile justice placements. If, however, a foster family with whom a child is placed moves and the child moves with them, this does not constitute a change in placement.

- "Entry into foster care" refers to a child's removal from his or her normal place of residence and placement in a substitute care setting under the care and placement responsibility of the State or local title IV-E/IV-B agency. Children are considered to have entered foster care if the child has been in substitute care for 24 hours or more.
- "Current episode of foster care" refers to a child's current stay in foster care based on the most recent removal of the child from his or her normal place of residence, resulting in his or her placement in a foster care setting and ending upon the child's discharge from foster care.

**Instructions:**

- If there were multiple episodes of foster care during the period under review, add up the placement settings within each episode. If there is a re-entry into foster care and the child is placed in a different placement setting at the time of re-entry, then it would count as a new placement setting. If the child returns to the placement setting that he or she was in before the return home, then it would not count as a new placement setting.
- Reviewers should not consider the following as placement settings: (1) a trial home visit; (2) a runaway episode; (3) temporary absences from the child's ongoing foster care placement, including visitation with a sibling, relative, or other caretaker (for example, pre-placement visits with a subsequent foster care provider or pre-adoptive parents); (4) hospitalization for medical treatment, acute psychiatric episodes, or diagnosis; (5) respite care; and (6) day or summer camps.
- Complete the table below. Begin with the child's placement setting at the onset of the period under review, or if the child entered foster care during the period under review, begin with the first placement setting at entry into foster care. If there was only one placement setting, complete only the first two columns of the first row.

Placement Date	Placement Type	Reason for Change in Placement Setting

B. If the response to question A is greater than one (1), were all placement changes during the period under review planned by the agency in an effort to achieve the child's case goals or to meet the needs of the child?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
		<b>NA</b> <input type="checkbox"/>
<b>Definitions:</b> <ul style="list-style-type: none"> <li>• Placement changes that reflect agency efforts to achieve case goals include moves from a foster home to an adoptive home, moves from a more restrictive to a less restrictive placement, moves from non-relative foster care to relative foster care, moves that bring the child closer to family or community, etc.</li> <li>• Placement changes that do not reflect agency efforts to achieve case goals include moves due to unexpected and undesired placement disruptions; moves due to placing the child in an inappropriate placement (that is, one that was based on availability rather than on appropriateness); moves to more restrictive placements when this is not essential to achieving a child's permanency goal; temporary placements while awaiting a more appropriate placement; and practices of routinely placing children in a particular placement type, such as shelter care, upon initial entry into foster care regardless of individual needs.</li> </ul>		
<b>Instructions:</b> <ul style="list-style-type: none"> <li>• If the response to question A is one (1), then the response to question B should be Not Applicable (NA). If the single placement is not stable, that information will be collected in question C.</li> <li>• If ALL placement changes during the period under review reflect planned agency efforts to achieve the child's case goals or meet the needs of the child, then the answer to question B should be Yes.</li> <li>• If any single placement change that occurred during the period under review was for a reason other than agency efforts to achieve case goals or to meet the child's needs, the answer to question B should be No.</li> <li>• Placement changes that occur as a result of unexpected circumstances that are out of the control of the agency (such as the death of a foster parent or foster parents moving to another State) can be considered similar to those that reflect agency efforts to achieve case goals for purposes of question B.</li> </ul>		
C. Is the child's current placement setting (or most recent placement if the child is no longer in foster care) stable?	<b>Yes</b>	<b>No</b>

	<input type="checkbox"/>	<input type="checkbox"/>
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**Instructions:** If any of the following apply to the child's current placement, the answer to question C should be No (select all that apply). If none of the following applies, then the answer to question C should be Yes.

- The child's current placement is in a temporary shelter or other temporary setting.
- There is information indicating that the child's current substitute care provider may not be able to continue to care for the child.
- There are problems in the current placement that threaten the stability of the placement but that the agency is not addressing.
- The child has run away from this placement more than once in the past, or is in runaway status at the time of the review.
- Other (describe):

**Rating Criteria:**

**Item 6 should be rated as a Strength if either of the following applies:**

- The answer to question A is one (1), the answer to question B is Not Applicable, and the answer to question C is Yes.
- The answer to question A is greater than one (1), but the answers to questions B and C are Yes.

**Item 6 should be rated as an Area Needing Improvement if either of the following applies:**

- The answer to question A is one (1), but the answer to question C is No.
- The answer to question A is greater than one (1), and the answer to either question B or C is No.

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<b>Rating for this indicator: (Check one)</b>	<input type="checkbox"/>	<b>Strength</b>	<input type="checkbox"/>	<b>Area Needing Improvement</b>	<input type="checkbox"/>	<b>Not Applicable</b>
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**Reason for Rating and Documentation**

Please provide below your main reason for rating this item as a Strength or an Area Needing Improvement, and provide documentation for the identified issues. If any issue is Not Applicable

to the case, enter NA in the appropriate space. For each issue, indicate the source of your information (for example, case file, interview with biological mother, interview with caseworker, etc.).

**Main Reason**

**Item 6 is rated as \_\_\_\_\_ because:**

**Documentation Information**

If not explained in the "reason for rating" section, indicate why you determined that the placement changes were or were not planned in an effort to achieve the child's case goals or to meet the needs of the child:

If not explained in the "reasons for rating" section, provide your reasons for determining that the child's current placement (or most recent placement if the child is no longer in foster care) is or is not stable:

Other Issues:

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**PERMANENCY OUTCOME 1: CHILDREN HAVE PERMANENCY AND STABILITY IN THEIR LIVING SITUATIONS.**

**Item 7: Permanency goal for child (case file and interviews with caseworker and other relevant persons involved in the case, including the child, when age appropriate, parent(s), foster parent(s), service providers, CASA workers, guardian ad litem)**

**Purpose of Assessment:** To determine whether appropriate permanency goals were established for the child in a timely manner.

**Applicable Cases:** All foster care cases are applicable for assessment of this item, unless the case has not been open long enough (less than 60 days) for the agency to have developed a case plan and established a permanency goal. If the case has been open for less than 60 days, but a permanency goal has been established, the case is applicable for assessment.

**Is this case applicable?** (Select the appropriate response. If the response is No, rate the item as Not Applicable in the rating section, provide your reason for this rating in the documentation section, and continue to item 8.)

**Yes**

**No**

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☐

**Permanency  
Goal 1**

**Permanency  
Goal 2 (if  
applicable)**

A1. What is (are) the child's current permanency goal(s) (or if the case was closed during the period under review, what was the permanency goal before the case was closed)?

**Instructions:**

- Permanency goals are the following: adoption, guardianship, reunification with parents, reunification with relatives, and other planned permanent living arrangements. A goal of other planned permanent living arrangement often will not be specified in the case file using that term. This goal refers to a situation in which the State maintains care and custody responsibilities for the child, but places the child in a setting in which the child is expected to remain until adulthood, such as with foster parents who have made a commitment to care for the child permanently, with relatives who have made the same



commitment, or with a residential care facility (for example, for children with developmental disabilities who require residential care).

- The permanency goal or goals identified in question A1 determine the additional items to be completed for this outcome (items 8, 9, or 10). If two concurrent permanency goals have been established and are identified in the case plan, identify both goals and complete the corresponding items (items 8, 9, or 10) for each of the goals. If both goals fall under item 8, complete item 8 with both goals in mind. Do not report concurrent goals in A1 unless both are identified in the case file.

A2. Is (are) the child's permanency goal(s) specified in the case file?

**Yes**

**No**

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**Instructions:**

- Permanency goals should be established in the case file. If the permanency goal is not specified anywhere in the case file, such as in the case plan or in a court order, then the answer to question A2 should be No, and item 7 should be rated as an Area Needing Improvement.
- If no permanency goal is specified in the case file, reviewers should ask the caseworker to identify the permanency goal toward which the agency is working for the child. This goal should be entered for question A1, and should be used to determine which additional item is completed for the case. Reviewers should ask the caseworker to explain why the child's permanency goal is not specified in the case file and include that information in the documentation section.

B. Were all permanency goals in effect during the period under review established in a timely manner?

**Yes**

**No**

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**Instructions:**

- Reviewers should answer this question based on their professional judgment regarding the timeliness of establishing the goal, particularly with regard to changing a goal, and provide the rationale for their decision in the documentation section. For children who recently entered care, reviewers should expect the first permanency goal to be established no later than 60 days from the date of the child's entry into foster care consistent with the Federal requirement that a case plan be established within 60 days from the date of the child's entry into foster care. For children whose goal was changed from reunification to adoption, reviewers should consider the guidelines established by the Federal Adoption

and Safe Families Act (ASFA) regarding seeking termination of parental rights, which might impact the timeliness of changing a goal from reunification to adoption.

- Reviewers should answer this question for all permanency goals in effect during the period under review. If there are concurrent goals, the answer should apply to both goals. For example, if there are concurrent goals of reunification and adoption, and you believe that the reunification goal was established in a timely manner, but the adoption goal was not, the answer to question B should be No.
- Complete the table below for each of the goals in place during the period under review. Begin with the child's first permanency goal in place during the period under review, and end with the current or latest permanency goal or goals identified in section A.

Permanency Goal	Date Established	Time in Foster Care Before Goal Established	Date Goal Changed	Reason for Goal Change
C. Were all permanency goals in effect during the period under review appropriate to the child's needs for permanency and to the circumstances of the case?			Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Instructions:**

- Reviewers should answer this question based on their professional judgment regarding the appropriateness of the permanency goal and provide the rationale for their decision in the documentation section.
- Reviewers should consider the factors that the agency considered in deciding on the permanency goal and whether all of the relevant factors were evaluated.
- If one of the goals is other planned permanent living arrangement and the reviewer determines that the goal was established without a thorough consideration of other permanency goals, then the answer to question C should be No.

D. Has the child been in foster care for at least 15 of the most recent 22 months?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
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**Instruction:**

- In answering question D, reviewers should begin the "count" with the date of the judicial finding of child abuse and neglect (usually the adjudicatory hearing) or 60 days after the child's removal from the home and placement in a substitute care setting, whichever is earlier.

E. If the answer to question D is No, does the child meet other Adoption and Safe Families Act (ASFA) criteria for termination of parental rights (TPR)?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>NA</b> <input type="checkbox"/>
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**Definitions:**

- ASFA requires an agency to seek TPR under the following circumstances:
  - The child has been in care for at least 15 of the most recent 22 months, or a court of competent jurisdiction has determined that:
    - The child is an abandoned child, or
    - The child's parents have been convicted of one of the felonies designated in Section 475(5)(E) of the Social Security Act, including: (1) committed murder of another child of the parent; (2) committed voluntary manslaughter of another child of the parent; (3) aided or abetted, attempted, conspired, or solicited to commit such a murder or such a voluntary manslaughter; or (4) committed a felony assault that resulted in serious bodily injury to the child or another child of the parent.

**Instructions:**

- If the answer to question D is Yes, the answer to question E should be Not Applicable (NA).
- Question E must be answered if the answer to question D is No.
- If any of the conditions noted above apply to the case under review, question E should be answered Yes.

F. If the answer to either question D or E is Yes, did the agency file or join a TPR petition before the period under review or in a timely manner during the	<b>Yes</b>	<b>No</b>	<b>NA</b>
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period under review?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Instructions:**

- If the answers to both questions D and E are No, the answer to question F should be Not Applicable (NA).
- Reviewers should review the case file for evidence of petitioning for TPR. If there is no evidence of this in the file, then reviewers should ask the caseworker for documentation regarding petitioning for TPR. If there is no evidence in the file or other documentation, then question F should be answered No.

G. If the answer to question F is No, is an "exception" or compelling reason for not filing for TPR specified in the case file?	<b>Yes</b>	<b>No</b>	<b>NA</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Definitions:**

- Exceptions to the TPR requirement include the following: (1) at the option of the State, the child is being cared for by a relative; (2) the agency has documented in the case plan a compelling reason for determining that a TPR would not be in the best interest of the child; or (3) the State has not provided to the family the services that the State deemed necessary for the safe return of the child to the child's home if reasonable efforts of the type described in Section 471(a)(15)(B)(ii) of the Social Security Act are required to be made with respect to the child.

**Instructions:**

- If the answer to question F is Yes or Not Applicable (NA), then question G should be answered Not Applicable (NA).
- Question G can be answered Yes only if the "exception" or compelling reason for not seeking TPR is noted somewhere in the case file or if there is a court order that acknowledges the exception. If, during an interview, the caseworker provides a reason for not seeking TPR, but cannot provide any documentation, then question G should be answered No. However, the caseworker's verbal description of the reason for not seeking TPR should be noted in the documentation section.

**Rating Criteria:**

**Item 7 should be rated as a Strength if any one of the following criteria apply:**

- The answers to questions A2, B, and C are Yes, and the answers to questions D and

**E are No.**

- The answers to questions A2, B, C, D, and F are Yes.
- The answers to questions A2, B, and C are Yes, the answer to question D is No, and the answers to questions E and F are Yes.
- The answers to questions A2, B, and C are Yes, the answer to question D or E is Yes, the answer to question F is No, and the answer to question G is Yes.

**Item 7 should be rated as an Area Needing Improvement if any of the following apply:**

- The answer to question A2, B, or C is No.
- The answers to questions A2, B, and C are Yes, but the answer to question D or E is Yes, and the answers to questions F and G are No.

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<b>Rating for this indicator: (Check one)</b>	<input type="checkbox"/>	<b>Strength</b>	<input type="checkbox"/>	<b>Area Needing Improvement</b>	<input type="checkbox"/>	<b>Not Applicable</b>
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**Reason for Rating and Documentation**

Please provide below your main reason for rating this item as a Strength or an Area Needing Improvement, and provide documentation for the identified issues. If any issue is Not Applicable to the case, enter NA in the appropriate space. For each issue, indicate the source of your information (for example, case file, interview with biological mother, interview with caseworker, etc.).

**Main Reason**

**Item 7 is rated as \_\_\_\_\_ because:**

**Documentation Information**

If not explained in the "reason for rating" section, document the reasons the reviewers determined that the goals were not timely and/or appropriate (if relevant):

If the caseworker reported an "exception" or a compelling reason for not filing for TPR, but it was not in the case file, provide any information obtained about the exception/compelling reason:

Other Issues:

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PERMANENCY OUTCOME 1: CHILDREN HAVE PERMANENCY AND STABILITY IN THEIR LIVING SITUATIONS.

**Item 8: Reunification, guardianship, or permanent placement with relatives (case files and interviews with caseworker, child, parent(s), foster parent(s), guardian ad litem, service providers)**

**Purpose of Assessment:** To determine whether concerted efforts were made, or are being made, during the period under review, to achieve reunification, guardianship, or permanent placement with relatives in a timely manner.

**Applicable Cases:** All foster care cases in which the child's current (or most recent) goal is reunification, permanent placement with relatives, or guardianship, including cases in which any

one of these is the concurrent goal.

**Is this case applicable?** (Select the appropriate response. If the response is No, rate the item as Not Applicable in the rating section, provide your reason for this rating in the documentation section and continue to item 9.)

**Yes**

**No**



A. What is/was the child's most recent permanency goal? (Select the appropriate response.)

**Reunification**

**Guardianship**

**Permanent Placement With Relatives**



**Definitions:**

- A goal of reunification is defined as a plan for the child to be discharged from foster care to his or her parents or primary caretaker.
- A goal of guardianship is defined as a plan for the child to be discharged from foster care to a legally established custody arrangement with an individual that is intended to be permanent.
- A goal of permanent placement with relatives is defined as a plan for the child to be discharged from foster care to the permanent care of a relative other than the one from whose home he or she was removed.
- If there are concurrent goals and both are relevant for item 8, identify both goals.

B. Are the agency and court making (or did they make) concerted efforts to achieve the goal (or these goals, if there are concurrent goals) in a timely manner?

**Yes**

**No**



**Definitions:**

- "Entry into foster care" refers to a child's removal from his or her normal place of residence and placement in a substitute care setting under the care and placement responsibility of the State or local title IV-E/IV-B agency. Children are considered to have entered foster care if the child has been in substitute care for 24 hours or more.
- "Discharge from foster care" is defined as the point when the child is no longer in foster care under the care and placement responsibility or supervision of the agency. If a child returns home on a trial home visit and the agency retains responsibility or supervision of

the child, the child is not considered discharged from foster care unless the trial home visit is longer than 6 months, and there was no court order extending the trial home visit beyond 6 months.

**Instructions:**

- Complete the following information for the child:

Date of the child's most recent entry into foster care (this date should be the same as the date provided in Section J on the Face Sheet):

Time in care (in months) at the time of the onsite review (this is the number of months that the child was in foster care from the date of the most recent entry into foster care to the beginning of the onsite review week or from the date of the most recent entry into foster care to the time of discharge):

Date of discharge from foster care (this date should be the same as the date provided in Section K on the Face Sheet; if the child was not discharged, enter Not Applicable (NA)):

- In determining a response to question B, reviewers should consider the time the child has been in foster care as well as agency and court efforts. As a general rule, if the child has been in foster care for more than 12 months and the goal has not yet been achieved, then the answer to question B should be No, unless there are particular circumstances that justify the delay. If the reviewer determines that there is a justification for the child remaining in foster care for longer than 12 months before achieving the permanency goal, the justification should be included in the documentation section for this item. For example:
  - The permanency goal of reunification has been in place for longer than 12 months, but there is a concurrent goal of adoption and the agency and court also are working toward the goal of adoption.
  - The permanency goal of reunification has been in place for longer than 12 months, but the child was physically returned to the parents during or before the 12th month and remained at home on a trial home visit beyond the 12th month. If the reviewer determines that the length of time that the child spent in out-of-home care and on the trial home visit was reasonable given the child and family circumstances, then the item may be rated as a strength even though the child was not discharged from foster care until after the 12th month.
- If the reviewer determines that the agency and court could have achieved the permanency



goal prior to 12 months, but there was a delay due to lack of concerted efforts on the part of the agency or court, then the answer to question B should be No even if the child was reunified within 12 months. A justification should be included in the documentation section for this item.

**Rating Criteria:**

**Item 8 should be rated as a Strength if the answer to question B is Yes.**

**Item 8 should be rated as an Area Needing Improvement if the answer to question B is No.**

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<b>Rating for this indicator: (Check one)</b>	<input type="checkbox"/>	<b>Strength</b>	<input type="checkbox"/>	<b>Area Needing Improvement</b>	<input type="checkbox"/>	<b>Not Applicable</b>
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**Reason for Rating and Documentation**

Please provide your reason for rating this item as a Strength, an Area Needing Improvement, or Not Applicable, and provide documentation for the identified issues. If any issue is Not Applicable to the case, enter NA in the appropriate space. For each issue, indicate the source of your information (for example, case file, interview with biological mother, interview with caseworker, etc.).

**Main Reason**

**Item 8 is rated as \_\_\_\_\_ because:**

**Documentation Information**

If not explained in the "reason for rating" section, document efforts made to achieve goal, including the appropriateness and effectiveness of the efforts, and, barriers to achieving the goal (for example, agency, court, or other factors that prevented or are preventing timely achievement of the goal):

If item 8 was rated as a Strength even though the goal of reunification or permanent placement with relatives was not achieved or is not likely to be achieved within 12 months, document the special circumstances that justify this rating:

If item 8 was rated as an Area Needing Improvement even though the permanency goal was achieved in 12 months, document the special circumstances that justify this rating:

Other Issues:

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**PERMANENCY OUTCOME 1: CHILDREN HAVE PERMANENCY AND STABILITY IN THEIR LIVING SITUATIONS.**

**Item 9: Adoption (case file and interviews with caseworker, child, foster parent(s), guardian ad litem, service providers)**

**Purpose of Assessment:** To determine whether, during the period under review, concerted efforts were made, or are being made, to achieve a finalized adoption in a timely manner.

**Applicable Cases:** All foster care cases in which the child's current (or most recent) permanency goal is adoption, including cases in which adoption is the concurrent goal.

**Is this case applicable?** (Select the appropriate response. If the response is No, rate the item as Not Applicable in the ratings section, provide your reason for the rating in the documentation section, and continue to item 10.)

**Yes**      **No**

☐      ☐

A. Are the agency and court making (or did the agency and court make) concerted efforts to achieve the goal of adoption in a timely manner?

**Yes**      **No**

☐      ☐

**Definitions:**

- "Entry into foster care" refers to a child's removal from his or her normal place of residence and placement in a substitute care setting under the care and placement responsibility of the State or local title IV-E/IV-B agency. Children are considered to have entered foster care if the child has been in substitute care for 24 hours or more.
- Discharge from foster care" is defined as the point when the child is no longer in foster care under the care and placement responsibility or supervision of the agency. If a child returns home on a trial home visit and the agency retains responsibility or supervision of the child, the child is not considered discharged from foster care unless the trial home visit is longer than 6 months, and has not been extended by a court order.

**Instructions:**

- Provide the following information for the child:

Date of the child's most recent entry into foster care (this should be the same date as in Section J on the Face Sheet):

Time in care (in months) at the time of the onsite review (this is the number of months that the child was in foster care from the date of the most recent entry into foster care to the beginning of the onsite review week or from the date of the most recent entry into foster care to the time of adoption finalization)

discharge from foster care):	
Date of adoption finalization (if relevant) (this is the date that the court legally established the adoption and transferred care and placement responsibility or supervision from the State to the adoptive parent(s); this should be the same date as in Section K on the Face Sheet; if the adoption has not been finalized, enter Not Applicable (NA)):	
<ul style="list-style-type: none"> <li>• In determining a response to question A, reviewers should consider the following: <ul style="list-style-type: none"> <li>○ The length of time that the child has been in foster care.</li> <li>○ The agency-related efforts to achieve adoption in a timely manner (for example, establishing a goal of adoption concurrent with the goal of reunification at the onset of the case, placing the child in a foster/adoptive home as the first placement, completing paperwork in a timely manner, conducting a concerted search for an absent parent early in the case, etc.).</li> <li>○ The court-related efforts (for example, holding termination of parental rights hearings in a timely manner, not permitting continuances, etc.).</li> </ul> </li> <li>• The determination of timeliness should be based on the date of the child's most recent entry into foster care, not the date that the goal of adoption was established.</li> <li>• If the adoption was not achieved within 24 months of the date of the most recent entry into foster care, or it does not appear that the adoption will be achieved within that timeframe, then the answer to question A should be No, unless the reviewer finds that there are particular circumstances that warrant the delay. These circumstances must be beyond the control of the agency or the courts. For example, there is evidence that the agency has made concerted efforts to find an adoptive home for a child with special needs, but the appropriate family has not yet been found, or a pre-adoptive placement disrupted despite concerted efforts on the part of the agency to support it.</li> <li>• If the adoption occurs within 24 months, but the reviewer determines that it could have been achieved earlier if the agency and court had made more concerted efforts, then the answer to question A should be No, but the reviewer must specifically document the agency-related delays in the documentation section.</li> </ul>	
<b>Rating Criteria:</b> <b>Item 9 should be rated as a Strength if the answer to question A is Yes.</b> <b>Item 9 should be rated as an Area Needing Improvement if the answer to question A is No.</b>	

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Rating for this indicator: (Check	<input type="checkbox"/>	Strength	<input type="checkbox"/>	Area Needing	<input type="checkbox"/>	Not
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one)

Improvement

Applicable

**Reason for Rating and Documentation**

Please provide below your main reasons for rating this item as a Strength, an Area Needing Improvement, or Not Applicable, and provide documentation for the identified issues. If any issue is Not Applicable to the case, enter NA in the appropriate space. For each issue, indicate the source of your information (for example, case file, interview with biological mother, interview with caseworker, etc.).

**Main Reason**

Item 9 is rated as \_\_\_\_\_ because:

**Documentation Information**

If not explained in the "reason for rating" section, document efforts made to achieve the child's goal of adoption, including the appropriateness and effectiveness of the efforts, and barriers to achieving the goal of adoption (for example, agency- or court-related factors that prevented or are preventing achievement of the goal in a timely manner):

If this item was rated as a Strength even though the child's goal of adoption was not achieved or is not likely to be achieved within 24 months of the child's entry into foster care, document the special circumstances that justify this rating:

If this item was rated as an Area Needing Improvement even though the child's goal of adoption

was achieved within 24 months of entry into foster care, document the special circumstances that justify this rating:

Other Issues:

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PERMANENCY OUTCOME 1: CHILDREN HAVE PERMANENCY AND STABILITY IN THEIR LIVING SITUATIONS.

**Item 10: Other planned permanent living arrangement (case files and interviews with child, caseworker, foster parent(s), relative caregiver(s), independent living services providers, service providers, guardian ad litem)**

**Purpose of Assessment:** To determine whether, during the period under review, the agency made concerted efforts to ensure:

- That the child is adequately prepared to make the transition from foster care to independent living (if it is expected that the child will remain in foster care until he or she reaches the age of majority or is emancipated).
- That the child, even though remaining in foster care, is in a "permanent" living arrangement with a foster parent or relative caregiver and that there is a commitment on the part of all parties involved that the child remain in that placement until he or she reaches the age of majority or is emancipated.
- That the child is in a long-term care facility and will remain in that facility until transition to an adult care facility.

Reviewers are not to rate this item based on the appropriateness of the goal. If the reviewer

believes that the goal is not appropriate, this should be indicated under item 7 and the rationale for this decision provided in the documentation for item 7.

**Applicable Cases:** All foster care cases in which at least one (if there are concurrent goals) of the child's current (or most recent) goals is emancipation/independent living or a planned permanent living arrangement other than adoption, guardianship, reunification, or permanent placement with relatives.

**Is this case applicable?** (Select the appropriate response. If the response is No, rate the item as Not Applicable in the rating section, provide your reason for the rating in the documentation section and continue to Rating Permanency Outcome 1.)

**Yes**

**No**

☐

☐

A. What is the child's other planned permanent living arrangement goal (check the goal that most closely reflects the one in the case file)?

☐ Emancipation/Independence: Child is expected to remain in existing placement until she/he reaches the age of majority. Usually when this type of goal is specified, the child is age 16 or older, but that is not always the case.

☐ Long-term foster care placement with a non-relative foster parent.

☐ Long-term foster care placement with a specified relative.

☐ Placement in a long-term care facility until transition to an adult care facility.

☐ Other (specify):

**Instructions:**

- A goal of other planned permanent living arrangement often is not specified in the case file using that term. This goal refers to a situation in which the agency maintains care and custody responsibilities for and supervision of the child, and places the child in a setting in which the child is expected to remain until adulthood, such as with foster parents who have made a commitment to care for the child permanently, with relative foster caregivers who have made the same commitment, or with a long-term care facility (for example, for those children with developmental disabilities who require long-term residential care services.).
- If the case plan permanency goal is to establish legal guardianship with a relative or non-relative caregiver and for the child to be discharged from foster care to the care of that relative, then this item is not appropriate and item 8 should be completed instead.

B. For children with an other planned permanent living arrangement permanency goal who are expected to eventually exit foster care to independence, were concerted efforts made to provide the child with services to adequately prepare the child for independent living when the child leaves foster care? Independent living services should be provided to all youth age 16 and older and to children of any age with a goal of emancipation/independence.	Yes	No	NA
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Instructions:**

- Question B should be answered Not Applicable (NA) if the child did not reach his or her 16th birthday at any time during the period under review, and the child does not have a goal of emancipation/independence.
- In making this determination, reviewers should consider the following:
  - Did the agency assess for independent living skills?
  - Is there an independent living plan in the file? (This is required for all youth age 16 and older.)
  - Is the child receiving an age-appropriate range of independent living services (for example, post-high school planning, life skills classes, employment training, financial planning skills training, etc.)?
  - Is the child receiving transitional living services?
  - Does the child have an independent living caseworker?
- Reviewers should complete this item for all children 16 and older who have a goal of other planned permanent living arrangement and for all children who have a goal of emancipation/independence regardless of age. Information regarding independent living services for children who have other types of goals will be captured under item 17.

C. Were concerted efforts made to achieve the goal of other planned permanent living arrangement in a timely manner by placing the child in a living arrangement that is "permanent," that is, the child will remain in the living arrangement until discharge from foster care?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

**Instructions:**

- Question C is relevant for all cases that are applicable for an assessment of item 10, including those in which the child's stated goal is emancipation/independence. Regardless of the specifics of the goal, reviewers must establish that there were agency efforts to ensure that a child who does not have a goal of adoption, reunification, or guardianship has long-term stability until he or she reaches adulthood.
- Examples of "permanent" living arrangements include situations where foster parents have made a formal commitment to care for the child until adulthood, the child is with



relatives who plan to care for the child until adulthood, the child is in a long-term care facility to meet special needs and will be transferred to an adult facility at the appropriate time, the child is an older adolescent in a stable group home and both the group home directors and the child have agreed that it will be the child's placement until adulthood, or the child is in agency-supervised transitional living.

- Provide the following information for the child:

Date of the child's most recent entry into foster care (this is the same date as in Section J on the Face Sheet):

Time in care (in months) at the time of the onsite review (this is the number of months that the child was in foster care from the date of the most recent entry into foster care to the beginning of the onsite review week or from the date of the most recent entry into foster care to the time of adoption finalization discharge from foster care):

Date of documentation regarding "permanency" of the child's living arrangements (this is the date that there was a court order, signed agreement or other method to formalize that the caretaker of a particular facility would provide care for this child until the child reaches adulthood):

Date of discharge from foster care (this is the same date as in Section K on the Face Sheet; if the child was not discharged, enter Not Applicable (NA)):

D. If the child is not in a living arrangement that can be considered permanent, were concerted efforts made during the period under review to achieve this type of living arrangement for the child?

Yes

No

NA

☐

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**Instructions:**

- If the child is in a permanent living arrangement or was in a permanent living arrangement before being discharged from foster care, then the answer to question D should be Not Applicable (NA).
- In answering question D, reviewers should consider the child's current living arrangement and whether formal steps were completed to make this arrangement permanent. For example, if the child is in a shelter or living with foster parents without a formal permanent foster care agreement, then the answer to question D would be No. A formal agreement would include a signed agreement, a court order, or other method the State uses to formalize the agreement.

- Reviewers should consider the efforts or actions taken during the period under review to achieve a planned permanency arrangement other than adoption, guardianship, or reunification with family. This might include asking foster parents or relatives to agree to and sign a long-term care commitment, etc.
- If the child is no longer in foster care, then the answer to question D should be based on the child's last placement before leaving foster care.

**Rating Criteria:**

**Item 10 should be rated as a Strength if either of the following applies:**

- The answers to questions B, C, and D are Yes or Not Applicable.
- The answer to question B is Yes or Not Applicable, the answer to question C is No, and the answer to question D is Yes.

**Item 10 should be rated as an Area Needing Improvement if either of the following applies:**

- The answer to question B is No.
- The answers to questions C and D are No.

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**Rating for this indicator: (Check one)**



**Strength**



**Area Needing Improvement**



**Not Applicable**

**Reason for Rating and Documentation**

Please provide below your main reason for rating this item as a Strength, an Area Needing Improvement, or Not Applicable, and provide documentation for the identified issues. If any issue is Not Applicable to the case, enter NA in the appropriate space. For each issue, indicate the source of your information (for example, case file, interview with biological mother, interview with caseworker, etc.).

**Main Reason**

**Item 10 is rated as \_\_\_\_\_ because:**

**Documentation Information**

If not explained in the "reason for rating" section, document the efforts made to achieve the child's goal, including the appropriateness and effectiveness of the efforts, and barriers to achieving the goal:

If the item is rated as a Strength even though the child is not in a permanent placement (the answer to question D is Yes), document the special circumstances that justify that rating:

Document the services provided, or not provided, to adequately prepare the child for independent living:

Other Issues:

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## RATING PERMANENCY OUTCOME 1

**PERMANENCY OUTCOME 1: CHILDREN HAVE PERMANENCY AND STABILITY IN THEIR LIVING SITUATIONS.**

Select the level of outcome achievement that best describes the extent to which this outcome is being or has been achieved, based on the ratings for items 5 through 10.

### Level of Outcome Achievement

<input type="checkbox"/> Substantially Achieved:	<p>Permanency Outcome 1 should be rated as Substantially Achieved if both of the following apply:</p> <ul style="list-style-type: none"> <li>Item 7 and the relevant permanency goal item (or items, if there are concurrent goals) for this case are rated as Strengths. The relevant permanency goal items are items 8, 9, and 10.</li> <li>Either item 5 or item 6 is rated as a Strength (the other may be rated as an Area Needing Improvement or Not Applicable), or both are rated Not Applicable.</li> </ul>
<input type="checkbox"/> Partially Achieved:	<p>Permanency Outcome 1 should be rated as Partially Achieved if both of the following apply:</p> <ul style="list-style-type: none"> <li>The criteria for Substantially Achieved do not apply.</li> <li>At least one of items 5, 6, 7, 8, 9, or 10 is rated as a Strength</li> </ul>
<input type="checkbox"/> Not Achieved:	<p>Permanency Outcome 1 should be rated as Not Achieved if the following applies:</p> <ul style="list-style-type: none"> <li>Items 5, 6, 7, 8, 9, and 10 are rated as either Areas Needing Improvement or Not Applicable, but not all items are rated Not Applicable.</li> </ul>
<input type="checkbox"/> Not Applicable:	<p>Permanency Outcome 1 should be rated as Not Applicable if the following applies:</p> <ul style="list-style-type: none"> <li>Items 5, 6, 7, 8, 9, and 10 are rated as Not Applicable. (This would only occur if the case is an in-home services case.)</li> </ul>

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PERMANENCY OUTCOME 2: THE CONTINUITY OF FAMILY RELATIONSHIPS AND CONNECTIONS IS PRESERVED FOR CHILDREN.

**Item 11: Proximity of foster care placement (case file and interviews with caseworker, parent(s), foster parent(s))**

**Purpose of Assessment:** To determine whether, during the period under review, concerted efforts were made to ensure that the child's foster care placement was close enough to the parent(s) to facilitate face-to-face contact between the child and the parent(s) while the child was in foster care.

**Applicable Cases:** An assessment of this item is applicable for all foster care cases except those that meet the following criteria during the entire period under review:

- The whereabouts of both parents is unknown despite documented concerted agency efforts to locate them, and there are no other family members who could potentially provide a permanent home for the child. If there is no evidence that concerted efforts were made to locate the parents, then the case is eligible for assessment of item 11.
- Parents are deceased and there are no other close family members that could potentially provide a permanent home for the child.
- Parental rights have been terminated and the parents are not involved in case planning and there are no other close family members (for example, grandmother, aunt, etc.) who could potentially provide a permanent home for the child.
- The agency or the court has determined that continued contact between the child and parents is not in the child's best interest and this is documented in the case file and there are no other family members who could potentially provide a permanent home for the child.
- Parents have a history of frequent moves that would make it difficult to place the child in close proximity and there are no other family members who could potentially provide a permanent home for the child.

**Is this case applicable?** (Select the appropriate response. If the response is No, rate the item as Not Applicable in the ratings section, provide your reason for this rating in the documentation section, and continue to item 12.)

**Yes**

**No**

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A. Is the child's current or most recent placement close enough to his or her parents or other potential permanent caregiver to facilitate frequent face-to-face contact between the child and the parents while the child is (or was) in foster care?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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**Instructions:**

- Reviewers should determine if the child's placement is (or was) in one of the following (select the appropriate placement):
  - ☐ Same community
  - ☐ Different community, but same county
  - ☐ Different county, but same State
  - ☐ Different State
- If placement is in the same community as the parents, the answer to question A should be Yes.
- If placement is not in the same community, reviewers should consider if the placement is sufficiently close to allow frequent contact between the child and the parents. For example, if placement is in another State, but is still very near where the parents live, then the answer to question A should be Yes. In contrast, if placement is in the same State or county, but is actually quite a distance from the parents, then the answer to question A would be No.
- As a general rule, reviewers should consider a travel distance of less than 1 hour as close enough for face-to-face contact. However, this is just a general guideline. Reviewers should consider all relevant circumstances in determining whether the location of the child's placement allows parents to visit the child on a frequent basis.
- If the child's parents live separately, reviewers should determine which parent is most involved in case planning and is most likely to be reunified with the child. The answer to question A then would be based on the location of that parent's residence.

B. If the answer to question A is No, was the reason for the location of the child's current or most recent placement based on the child's needs and intended to ensure that the child's case plan goals are achieved?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
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**Instructions:**

- Reviewers should check Not Applicable (NA) if the answer to question A is Yes.
- Reviewers should determine if the placement decision was made in order to achieve the child's case goals or to meet the child's needs for specialized services (for example, to place with a relative, to place in a potential adoptive home, to provide a highly

specialized treatment setting, etc.).

- Question B should be answered No if the only reason for not placing the child in close proximity to the parents was a lack of existing placement resources in the community, unless the resource is such a highly specialized treatment facility that most communities would not be expected to maintain one (for example, a residential treatment program for sexual offenders).

#### **Rating Criteria:**

**Item 11 should be rated as a Strength if either of the following applies:**

- The answer to question A is Yes, and the answer to question B is Not Applicable.
- The answer to question A is No, and the answer to question B is Yes.

**Item 11 should be rated as an Area Needing Improvement if the answers to questions A and B are No.**

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<b>Rating for this indicator: (Check one)</b>	<input type="checkbox"/>	<b>Strength</b>	<input type="checkbox"/>	<b>Area Needing Improvement</b>	<input type="checkbox"/>	<b>Not Applicable</b>
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#### **Reason for Rating and Documentation**

Please provide below your main reason for rating this item as a Strength, an Area Needing Improvement, or Not Applicable, and provide documentation for each of the identified issues. If any issue is Not Applicable to the case, enter NA in the appropriate space. For each issue, indicate the source of your information (for example, case file, interview with biological mother, interview with caseworker, etc.).

#### **Main Reason**

**Item 11 is rated as \_\_\_\_\_ because:**

#### **Documentation Information**

Describe the relationship between the child's current or most recent placement and the location of the parents or of a family member with whom the child is likely to be reunified (for example, the child will be reunified with a grandmother):

If not explained in the "reason for rating" section, and if the reviewers determine that the child's placement is not sufficiently close to the parent(s) to facilitate frequent contact, document the reasons for this determination (and identify any reasons provided by the agency):

Other Issues:

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PERMANENCY OUTCOME 2: THE CONTINUITY OF FAMILY RELATIONSHIPS AND CONNECTIONS IS PRESERVED FOR CHILDREN.

**Item 12: Placement with siblings (case file and interviews with caseworker, parent(s), foster parent(s), child)**

**Purpose of Assessment:** To determine if, during the period under review, concerted efforts were made to ensure that siblings in foster care are placed together unless a separation was necessary to meet the needs of one of the siblings.



**Applicable Cases:** Cases applicable for an assessment of this item include all foster care cases in which the child has one or more siblings who are (or were) also in foster care during the period under review. If the child has no siblings in foster care during the period under review, the case is not applicable for an assessment of this item. For example, if the child in foster care has an older sibling who was in foster care at one time, but not during the period under review, this case would be Not Applicable.

**Is this case applicable?** (Select the appropriate response. If the response is No, rate the item as Not Applicable in the ratings section, provide your reason for the rating in the documentation section, and continue to item 13.)

**Yes**

**No**

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A. During the period under review, was the child placed with all siblings who also were in foster care?

**Yes**

**No**

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**Definitions:**

- Siblings are children who have one or more parents in common either biologically, through adoption, or through the marriage of their parents, and with whom the child lived before his or her foster care placement, or with whom the child would be expected to live if the child were not in foster care.

**Instructions:**

- In answering question A, reviewers should consider only the location of each of the siblings, not the reason for their location.

B. If the answer to question A is No, was there a valid reason for the child's separation from the siblings (for example, the separation was necessary to meet the needs of one of the siblings, to address safety concerns for one or more of the siblings, or to accommodate a large sibling group)?

**Yes**

**No**

**NA**

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**Instructions:**

- If the answer to question A is Yes, the answer to question B should be Not Applicable (NA).
- Reviewers should consider the circumstances of the placement of siblings, focusing on

whether separation was necessary to meet the child's needs. For example, were siblings separated temporarily because one sibling needed a specialized treatment or to be in a treatment foster home, or because one sibling was abusive to the other, or because siblings with different fathers were placed with paternal relatives?

- If the separation of siblings is attributed by the agency to a lack of foster homes willing to take sibling groups, question B should be answered No, unless the reviewer believes that the size of the sibling group (i.e., five or more children) made finding a single placement difficult and concerted efforts were made to place the children in close proximity to each other.
- If siblings were separated for a valid reason, reviewers should consider the entire period under review and determine if that valid reason still exists and if the need for separation still exists. For example, the siblings were separated because one sibling needed temporary treatment services. However, during the period under review, the sibling's treatment services ended. In this situation, reviewers should determine whether concerted efforts were made to reunite the siblings after the treatment service was completed. If the need for separation no longer exists and no efforts have been made to reunite the siblings, then the answer to question B should be No.

#### **Rating Criteria:**

**Item 12 should be rated as a Strength if either of the following applies:**

- The answer to question A is Yes.
- The answer to question A is No, but the answer to question B is Yes.

**Item 12 should be rated as an Area Needing Improvement if the answers to questions A and B are No.**

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<b>Rating for this indicator: (Check one)</b>	<input type="checkbox"/>	<b>Strength</b>	<input type="checkbox"/>	<b>Area Needing Improvement</b>	<input type="checkbox"/>	<b>Not Applicable</b>
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#### **Reason for Rating and Documentation**

Provide below your main reason for rating this item as a Strength, an Area Needing Improvement, or Not Applicable, and provide documentation for the identified issues. If any issue is Not Applicable to the case, enter NA in the appropriate space. For each issue, indicate the source of your information (for example, case file, interview with biological mother, interview with caseworker, etc.).

**Main Reason**

Item 12 is rated as \_\_\_\_\_ because:

**Documentation Information**

Complete the information in the chart below only if there are siblings who were in foster care but were not placed with the target child for some or all of the period under review.

Provide the first name of siblings who are (or were) in foster care during the period under review, identify their placements during the period under review (for example, Smith foster home, Hope Institution, Aunt Mary's, etc.), and describe the reason for separation of that sibling from the target child (if applicable).

Sibling First Name	Placement Setting	Reason for Separation (if applicable)

<p>Other Issues:</p>		

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PERMANENCY OUTCOME 2: THE CONTINUITY OF FAMILY RELATIONSHIPS AND CONNECTIONS IS PRESERVED FOR CHILDREN.

**Item 13: Visiting with parents and siblings in foster care (case file and interviews with parent(s), child, caseworker, foster parent(s), service providers)**

**Purpose of Assessment:** To determine if, during the period under review, concerted efforts were made to ensure that visitation between a child in foster care and his or her mother, father, and siblings is of sufficient frequency and quality to promote continuity in the child's relationship with these close family members.

**Applicable Cases:** Foster care cases are applicable for an assessment of this item if any of the following apply:

- The child has at least one sibling in foster care who is in a different placement setting.
- The whereabouts of the child's parents is known and there is no documented information in the case file indicating that contact between the child and the parent is not in the child's best interest.

Cases are not applicable for assessment if any of the following apply:

- The child has no siblings in foster care, and there is documentation in the case file indicating that contact between the child and both of his or her parents is not in the child's best interest.
- The child has no siblings in foster care, and the whereabouts of both parents is unknown

despite documented concerted agency efforts to locate the parents.

- The child has no siblings in foster care, both parents were deceased during the entire period under review or the parental rights of both parents have been terminated during the entire period under review, and no parent is involved in the child's life.

**Is this case applicable?** (Select the appropriate response. If the response is No, rate the case as Not Applicable in the ratings section, provide your reason for the rating in the documentation section, and continue to item 14.)

**Yes** **No**

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A. During the period under review, were concerted efforts made to ensure that visitation (or other forms of contact if visitation was not possible) between the child and his or her mother was of sufficient frequency to maintain or promote the continuity of the relationship?

**Yes** **No** **NA**

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Check the box next to the statement that best describes the usual frequency of visits between the mother and the child:

- ☐ More than once a week
- ☐ Once a week
- ☐ Less than once a week, but at least twice a month
- ☐ Less than twice a month, but at least once a month
- ☐ Less than once a month
- ☐ Never

B. During the period under review, were concerted efforts made to ensure that visitation (or other forms of contact if visitation was not possible) between the child and his or her father was of sufficient frequency to maintain or promote the continuity of the relationship?

**Yes** **No** **NA**

☐ ☐ ☐

Check the box next to the statement that best describes the usual frequency of visits between the father and the child:

- ☐ More than once a week
- ☐ Once a week
- ☐ Less than once a week, but at least twice a month

- ☐ Less than twice a month, but at least once a month
- ☐ Less than once a month
- ☐ Never

**Instructions:**

- Reviewers should answer Not Applicable (NA) if (1) contact between the child and the mother/father was not in the child's best interest and this was documented in the case file or court order, (2) the whereabouts of the mother/father was not known during the entire period under review, despite documented concerted efforts to locate her/him, (3) the mother's/father's parental rights were terminated before the period under review and she/he is not involved in the child's life, or (4) the mother/father was deceased during the entire period under review.
- Reviewers should determine whether the frequency of visitation during the period under review was sufficient to maintain the continuity of the relationship between the child and the parent, depending on the circumstances of the case. For example, frequency may need to be greater for infants and young children than for some older children. Frequency also may need to be greater if reunification is imminent.
- If, during the period under review, frequent visitation with a parent was not possible (for example, due to incarceration or the parent being in another State), reviewers should determine whether there are documented concerted efforts to promote other forms of contact between the child and the parent, such as telephone calls or letters in addition to facilitating visits when possible and appropriate.
- Reviewers should address the question of appropriate frequency based on the circumstances of the child and the family, rather than on State policy.

C. During the period under review, were concerted efforts made to ensure that the quality of visitation between the child and the mother was sufficient to maintain or promote the continuity of the relationship?

**Yes**

**No**

**NA**

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D. During the period under review, were concerted efforts made to ensure that the quality of visitation between the child and the father was sufficient to maintain or promote the continuity of the relationship?

**Yes**

**No**

**NA**

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**Instructions:**

- Same as for questions A and B except that reviewers should determine if concerted efforts were made to ensure that the quality of parent-child visitation was sufficient to

maintain the continuity of the relationship. For example, did visits take place in a comfortable atmosphere and were they of an appropriate length? Did visitation allow for sufficient interaction between parent and child? If siblings were involved, did visits allow parents to interact with each child individually? If appropriate, were unsupervised visits and visits in the parent's home in preparation for reunification allowed?

E. During the period under review, were concerted efforts made to ensure that visitation (or other forms of contact if visitation was not possible) between the child and his or her sibling(s) was of sufficient frequency to maintain or promote the continuity of the relationship?

**Yes**

**No**

**NA**

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Check the box next to the statement that best describes the usual frequency of visits between the siblings and the child:

☐ More than once a week

☐ Once a week

☐ Less than once a week, but at least twice a month

☐ Less than twice a month, but at least once a month

☐ Less than once a month

☐ Never

**Instructions:**

- Reviewers should answer Not Applicable (NA) if the child has no siblings in foster care or if contact with all siblings who are in foster care is not considered to be in the best interests of the child (for example, one sibling is a physical threat to the other sibling or has a history of physical or sexual abuse of the other sibling).
- Reviewers should consider whether the frequency of visits during the period under review was sufficient to maintain the continuity of the sibling relationships.

F. During the period under review, were concerted efforts made to ensure that the quality of visitation between the child and his or her sibling(s) was sufficient to promote the continuity of their relationships?

**Yes**

**No**

**NA**

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**Instructions:**

- Same as for question E, except reviewers should determine if concerted efforts were

made to ensure that the quality of sibling visitation was sufficient to maintain the continuity of the relationship. For example, were visits long enough to permit quality interaction? Did sibling contacts only occur in the context of parent visitations? Did visits occur in a comfortable atmosphere?

**Rating Criteria:**

**Item 13 should be rated as a Strength if the answers to all of questions A through F are either Yes or Not Applicable.**

**Item 13 should be rated as an Area Needing Improvement if the answer to any one of questions A through F is No.**

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<b>Rating for this indicator: (Check one)</b>	<input type="checkbox"/>	<b>Strength</b>	<input type="checkbox"/>	<b>Area Needing Improvement</b>	<input type="checkbox"/>	<b>Not Applicable</b>
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**Reason for Rating and Documentation**

Provide below your main reason for rating this item as a Strength, an Area Needing Improvement, or Not Applicable, and provide documentation for the identified issues. If any issue is Not Applicable to the case, enter NA in the appropriate space. For each issue, indicate the source of your information (for example, case file, interview with biological mother, interview with caseworker, etc.).

**Main Reason**

**Item 13 is rated as \_\_\_\_\_ because:**

**Documentation Information**

For each applicable relationship, document concerted efforts (for example, establishing written visitation plans, providing or arranging for transportation, encouraging visits, arranging for flexible hours or meeting locations), or lack of efforts to promote frequent visitation. If visitation was not possible or limited by circumstance (for example, parents are out of State or



incarcerated), document efforts or lack of efforts to promote contact through telephone or mail. If any relationship is identified as Not Applicable, document the reason why it was determined by the reviewers to be Not Applicable.

Mother:

Father:

Sibling(s):

Other Issues:

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PERMANENCY OUTCOME 2: THE CONTINUITY OF FAMILY RELATIONSHIPS AND CONNECTIONS IS PRESERVED FOR CHILDREN.

**Item 14: Preserving connections (interviews with caseworker, parent(s), foster parent(s),**

child)

**Purpose of Assessment:** To determine whether, during the period under review, concerted efforts were made to maintain the child's connections to his or her neighborhood, community, faith, extended family, tribe, school, and friends.

**Applicable Cases:** Almost all foster care cases are applicable for an assessment of this item. A possible exception may be the situation of an abandoned infant where the agency has no information about the child's extended family or connections.

**Is this case applicable?** (Select the appropriate response. If the response is No, rate the item as Not Applicable in the ratings section, provide your reason for the rating in the documentation section, and continue to item 15.)

**Yes**

**No**

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A. During the period under review, were concerted efforts made to maintain the child's important connections (for example, neighborhood, community, faith, language, extended family members including siblings who are not in foster care, school, tribe, and/or friends)?

**Yes**

**No**

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**Instructions:**

- Reviewers must determine what the important connections are for the child (for example, a young child is more likely to have an important connection with extended family than with school, and it is important for Native American children to maintain tribal connections) and then determine whether concerted efforts were made to maintain those connections.
- Reviewers should not rate this item based on connections to parents or siblings who are in foster care. Information about sustaining those connections is captured in other items. However, the item may be rated based on connections with siblings who are not in foster care and other extended family members (who were not the child's primary caregivers before entry into foster care), such as grandparents, uncles, aunts, cousins, etc.

B. Was a sufficient inquiry conducted with the parent, child, custodian, or other interested party to determine whether the child may be a member of, or eligible for membership in, an Indian tribe?

**Yes**

**No**

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**Instructions:**

- This question is for data collection purposes only and does not affect the rating for this item.
- If there is no information in the case file that indicates the child is a member of, or eligible for membership in, an Indian tribe, but the reviewers learn through interviews that the child has Native American heritage and no apparent efforts were made to determine this, then the answer to question B is No.
- If the child entered foster care during the period under review, reviewers should determine whether timely and appropriate action was taken to determine whether the child is a member of, or eligible for membership in, an Indian tribe. This may include exploring this with the parents and/or other persons with a relationship to the child, contacting tribes, and contacting the Bureau of Indian Affairs.
- If the child entered foster care before the period under review, the answer to question B can be Yes if by the beginning of the period under review an informed determination was made about the child's membership, or eligibility for membership, in an Indian tribe and all appropriate steps were taken to determine whether the child is Native American.

C. If the child may be a member of, or eligible for membership in, an Indian tribe, during the period under review, was the tribe provided timely notification of its right to intervene in any State court proceedings seeking an involuntary foster care placement or termination of parental rights (TPR)?

**Yes**

**No**

**NA**

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**Instructions:**

- If the child is not a member of, or eligible for membership in, an Indian tribe, the answer to question C is Not Applicable.
- If the child entered care during the period under review or had a TPR hearing during the period under review, reviewers should determine if timely notice was provided to the tribe. Timely notice is notice that was received no later than 10 days before the proceeding. If timely notice was not provided, the answer to question C is No.
- If the child entered care before the period under review and did not have a TPR hearing during the period under review, the answer to question C is Yes, if, by the beginning of the period under review, all appropriate steps were taken to notify the tribe.

D. If the child is a member of, or eligible for membership in, an Indian tribe, was the child placed in foster care in accordance with the Indian Child Welfare Act (ICWA) placement preferences or were concerted efforts made to place the child in accordance with ICWA placement preferences?

**Yes**

**No**

**NA**

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**Instructions:**

- If the child is not Native American, then the answer to question D is Not Applicable (NA).
- Reviewers should determine whether, during the period under review, the child was placed (1) with a member of the child's extended family, (2) in a foster home licensed, approved, or specified by the Native American child's tribe, (3) in another Native American foster home placement, or (4) in an institution approved by a tribe or operated by a Native American organization. Placement preference is in this order unless another order is specified by tribal resolution.
- If the child's placement was not made in accordance with ICWA placement preferences, reviewers should determine if, during the period under review, there were documented concerted efforts to meet the ICWA placement preferences.

**Rating Criteria:**

**Item 14 should be rated as a Strength if the answer to question A is Yes and the answers to questions C and D are either Yes or Not Applicable.**

**Item 14 should be rated as an Area Needing Improvement if either of the following applies:**

- The answer to question A is Yes, but the answer to any one of question C and/or D is No.
- The answer to question A is No, regardless of the answers to questions B, C, and D.

**The answer to question B is not considered in rating this item.**

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<b>Rating for this indicator: (Check one)</b>	<input type="checkbox"/>	<b>Strength</b>	<input type="checkbox"/>	<b>Area Needing Improvement</b>	<input type="checkbox"/>	<b>Not Applicable</b>
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**Reason for Rating and Documentation**

Provide below your main reason for rating this item as a Strength, an Area Needing Improvement, or Not Applicable, and provide documentation for the identified issues. If any issue is Not Applicable to the case, enter NA in the appropriate space. For each issue, indicate the source of your information (for example, case file, interview with biological mother, interview with caseworker, etc.).

**Main Reason**

Item 14 is rated as \_\_\_\_\_ because:

**Documentation Information**

Document the child's important connections and how the child's placement does or does not promote maintaining these important connections. Document agency efforts or lack of efforts to help children maintain important connections when these are not being maintained through the placement itself:

Other Issues:

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PERMANENCY OUTCOME 2: THE CONTINUITY OF FAMILY RELATIONSHIPS AND CONNECTIONS IS PRESERVED FOR CHILDREN.

**Item 15: Relative placement (case file and interviews with caseworker, child's caregiver, parent(s), child)**

**Purpose of Assessment:** To determine whether, during the period under review, concerted efforts were made to place the child with relatives when appropriate.

**Applicable Cases:** All foster care cases except those in which (1) the agency determined upon the child's initial entry into care that his or her needs required a specialized placement (such as residential treatment services) and will continue to require such specialized treatment the entire time the child is in care and a relative placement would be inappropriate, or (2) situations such as abandonment in which the identity of the parents and relatives remains unknown despite documented concerted efforts to identify them.

**Is this case applicable?** (Select the appropriate response. If the response is No, rate the case as Not Applicable in the ratings section, provide your reason for this rating in the documentation section, and continue to item 16.)

**Yes** **No**

☐ ☐

A1. During the period under review, was the child's current or most recent placement with a relative?

**Yes** **No**

☐ ☐

A2. If the answer to question A1 is Yes, is (or was) this placement stable and appropriate to the child's needs?

**Yes** **No** **NA**

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**Instructions:**

- If the answer to question A1 is No, the answer to question A2 should be Not Applicable (NA).
- If the answer to question A2 is Yes, reviewers may rate the item as a Strength, and answer Not Applicable (NA) to the remaining questions for the item.
- If the answer to question A2 is No, reviewers should answer the remaining questions for this item.

B. If the answer to either question A1 or A2 is No, did the agency, during the period under review, make concerted efforts to identify, locate, and evaluate maternal relatives as potential placements for the child, with the result that maternal relatives were ruled out as, or were unwilling to be, placement resources?

**Yes** **No** **NA**

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C. If the answer to either question A1 or A2 is No, did the agency, during the period under review, make concerted efforts to identify, locate, and evaluate paternal relatives as potential placements for the child, with the

**Yes** **No** **NA**

result that paternal relatives were ruled out as, or were unwilling to be, placement resources?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Instructions:**

- The answers to question B and C should be Not Applicable (NA) if the answers to both questions A1 and A2 are Yes.
- If a child entered foster care during the period under review, reviewers must determine if the State followed the requirements of the title IV-E provision that requires States to consider giving preference to placing the child with relatives, and determine whether the State considered such a placement and how (for example, identifying, seeking out, and evaluating the child's relatives).
- If a child entered foster care before the period under review and the answer to either question A1 or A2 is No, reviewers must determine whether, during the period under review, the agency made concerted efforts to search for and assess relatives as placement resources, if appropriate. If reviewers determine that, during the period under review, the agency did not consider relatives as placement resources in cases in which consideration was appropriate, the answer to question B should be No.

**Rating Criteria:**

**Item 15 should be rated as a Strength if either of the following applies:**

- The answers to both questions A1 and A2 are Yes.
- The answer to either question A1 or A2 is No, but the answers to questions B and C are Yes or Not Applicable.

**Item 15 should be rated as an Area Needing Improvement if both of the following apply:**

- The answer to either question A1 or A2 is No.
- The answer to either question B or C is No.

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<b>Rating for this indicator: (Check one)</b>	<input type="checkbox"/>	<b>Strength</b>	<input type="checkbox"/>	<b>Area Needing Improvement</b>	<input type="checkbox"/>	<b>Not Applicable</b>
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**Reason for Rating and Documentation**

Provide your main reason for rating this item as a Strength, an Area Needing Improvement, or

Not Applicable, and provide documentation for the identified issues. If any issue is Not Applicable to the case, enter NA in the appropriate space. For each issue, indicate the source of your information (for example, case file, interview with biological mother, interview with caseworker, etc.).

**Main Reason**

**Item 15 is rated as \_\_\_\_\_ because:**

**Documentation Information**

If the child is placed with a relative, identify the relationship of that relative to the child and provide details of the placement; for example, appropriateness, how long the child has been in that placement, etc.:

Document agency efforts or lack of efforts to locate and evaluate maternal relatives (including reasons why relatives were not considered as placement resources, if relevant) if appropriate, during the period under review:

Document agency efforts or lack of efforts to locate and evaluate paternal relatives (including reasons why relatives were not considered as placement resources, if relevant) if appropriate, during the period under review:



Other Issues:

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PERMANENCY OUTCOME 2: THE CONTINUITY OF FAMILY RELATIONSHIPS AND CONNECTIONS IS PRESERVED FOR CHILDREN.

**Item 16: Relationship of child in care with parents (interviews with child, parent(s), foster parent(s), service providers)**

**Purpose of Assessment:** To determine whether, during the period under review, concerted efforts were made to promote, support, and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregiver(s) from whom the child had been removed through activities other than just arranging for visitation.

**Applicable Cases:** All foster care cases are applicable for assessment of this item unless (1) the parental rights for both parents were terminated before the period under review and neither parent made efforts to be involved in the child's life or in ongoing planning for the child during the period under review; (2) the child was abandoned and neither parent could be located; (3) the whereabouts of both parents was not known during the entire period under review despite documented concerted agency efforts to locate both parents; (4) contact with both parents was considered to be not in the best interests of the child (for example, both parents are abusive and there is concern about managing contact with the child); or (5) the child was initially removed from a parent's home, but, during the entire period under review, both parents were deceased.

**Is this case applicable?** (Select the appropriate response. If the response is No, rate the item as Not Applicable in the ratings section, provide the reason for your rating in the documentation section, and continue to the section on rating)

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Permanency Outcome 2.)			
A. During the period under review, were concerted efforts made to promote, support, and otherwise maintain a positive and nurturing relationship between the child in foster care and his or her mother?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
B. During the period under review, were concerted efforts made to promote, support, and otherwise maintain a positive and nurturing relationship between the child in foster care and his or her father?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>

**Instructions:**

- The applicable question A or B should be answered Not Applicable (NA) if (1) the parent's parental rights were terminated before the period under review and the parent was not involved in planning for the child, (2) the parent's whereabouts was not known during the entire period under review despite efforts to locate her/him, (3) contact between the child and the parent was considered to be not in the child's best interest, or (4) the parent was deceased during the entire period under review.
- Foster parents' activities are considered for purposes of this question. For example, if the foster parent provided transportation to the parent so that the parent could attend the child's school event or medical appointment, that would be considered as contributing towards concerted efforts.
- Reviewers should determine whether concerted efforts were made to support or strengthen the parent-child relationship. For example, did the agency (select all that apply):
  - ☐ Encourage the parent's participation in school activities and case conferences, attendance at doctors' appointments with the child, or engagement in the child's after school or sports activities?
  - ☐ Provide or arrange for transportation or provide funds for transportation so that the parent could attend the child's special activities and doctors' appointments?
  - ☐ Provide opportunities for therapeutic situations to help the parent and child strengthen their relationship?
  - ☐ Encourage the foster parents to provide mentoring or serve as role models to the parent to assist her/him in appropriate parenting?
  - ☐ Encourage and facilitate contact with incarcerated parents (where appropriate) or with parents not living in close proximity to the child?
- Reviewers should not answer this question based on efforts (or lack of efforts) to ensure the frequency or quality of visitation between the parent and the child. That information

is captured under item 13. This question pertains to additional activities to help support, strengthen, or maintain the parent-child relationship.

**Rating Criteria:**

**Item 16 should be rated as a Strength if the answer(s) to question(s) A and B are Yes or Not Applicable.**

**Item 16 should be rated as an Area Needing Improvement if the answer to either question A or B is No.**

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**Rating for this  
indicator: (Check  
one)**



**Strength**



**Area Needing  
Improvement**



**Not  
Applicable**

**Reason for Rating and Documentation**

Provide below your main reason for rating this item as a Strength, an Area Needing Improvement, or Not Applicable, and provide documentation for the identified issues below. If any issue is Not Applicable to the case, enter NA in the appropriate space. For each issue, indicate the source of your information (for example, case file, interview with biological mother, interview with caseworker, etc.).

**Main Reason**

**Item 16 is rated as \_\_\_\_\_ because:**

**Documentation Information**

If not explained in the "reason for rating" section, document efforts or lack of efforts to support or maintain a positive mother-child relationship. (The focus should be on activities such as the ones listed in the instructions, rather than on visitation). Foster parent activities may be considered equivalent to "agency" activities in responding to this question:

If not explained in the "reason for rating" section, document efforts or lack of efforts to support or maintain a positive father-child relationship. (The focus should be on activities such as the ones listed in the instructions, rather than on visitation.) Foster parent activities may be considered equivalent to "agency" activities in responding to this question:

Other Issues:

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## **RATING PERMANENCY OUTCOME 2**

**PERMANENCY OUTCOME 2: THE CONTINUITY OF FAMILY RELATIONSHIPS AND CONNECTIONS IS PRESERVED FOR CHILDREN.**

Check the level of outcome achievement that best describes the extent to which this outcome is being or has been achieved, based on the ratings for items 11 through 16.

### **Level of Outcome Achievement**

<input type="checkbox"/> Substantially Achieved:	<p>Permanency Outcome 2 should be rated as Substantially Achieved if both of the following apply:</p> <ul style="list-style-type: none"><li>• Not more than one of the six items is rated as an Area</li></ul>
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	<p>Needing Improvement.</p> <ul style="list-style-type: none"> <li>• The rest of the items are rated as either a Strength or Not Applicable.</li> </ul>
<input type="checkbox"/> Partially Achieved:	<p>Permanency Outcome 2 should be rated as Partially Achieved if both of the following apply:</p> <ul style="list-style-type: none"> <li>• At least two items, but fewer than all six items, are rated as an Area Needing Improvement.</li> <li>• At least one item is rated as a Strength.</li> </ul>
<input type="checkbox"/> Not Achieved:	<p>Permanency Outcome 2 should be rated as Not Achieved if both of the following apply:</p> <ul style="list-style-type: none"> <li>• No item is rated as a Strength.</li> <li>• At least one item is rated as an Area Needing Improvement.</li> </ul>
<input type="checkbox"/> Not Applicable:	<p>Permanency Outcome 2 should be rated as Not Applicable if the following applies:</p> <ul style="list-style-type: none"> <li>• All six items are rated as Not Applicable.</li> </ul>

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### SECTION III: CHILD AND FAMILY WELL-BEING

WELL-BEING OUTCOME 1: FAMILIES HAVE ENHANCED CAPACITY TO PROVIDE FOR THEIR CHILDREN'S NEEDS.

**Item 17: Needs and services of child, parents, and foster parents (case file and interviews with caseworker, child, parent(s), foster parent(s), service providers, guardian ad litem)**

**Purpose of Assessment:** To determine whether, during the period under review, the agency made concerted efforts to assess the needs of children, parents, and foster parents (both at the child's entry into foster care [if the child entered during the period under review] or on an ongoing basis) to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family, and provided the appropriate

services.

**Applicable Cases:** All cases are applicable for an assessment of this item.

**Special Instructions:**

- Item 17 is divided into three sections: 17A: Needs assessment and services to children, 17B: Needs assessment and services to parents, and 17C: Needs assessment and services to foster parents.
- For each section, answer the relevant questions and provide a rating of Strength or Area Needing Improvement and a reason for the rating. If a particular section is Not Applicable for the case, rate that section as Not Applicable.
- When each section is completed, provide an overall rating for item 17, and the key reasons for the rating. Keep in mind that for the overall item rating to be a Strength, all three sections must be rated as a Strength or Not Applicable.

**Special Definitions:**

- For in-home services cases, "parents" are defined as the children's primary caregivers with whom the children live (for example, biological parents, relatives, guardians, adopted parents, etc.) or a noncustodial parent who is involved, or has indicated a desire to be involved, in the child's life.
- For foster care cases, "parents" include the child's parents, or the child's primary caregivers (if other than the biological parents) from whom the child was removed. "Parents" include adoptive parents if the adoption has been finalized.
- Foster parents are defined as related or non-related caregivers who have been given responsibility for care of the child by the agency while the child is under the care and placement responsibility and supervision of the agency. This includes pre-adoptive parents if the adoption has not been finalized.

**Section 17A: Needs Assessment and Services to Children**

A1. During the period under review, did the agency conduct (1) a formal or informal initial comprehensive assessment of the child(ren)'s needs (if the case was opened during the period under review), or (2) an ongoing assessment to provide updated information regarding the child(ren)'s needs for case planning purposes (if the case was opened before the period under review)?

**Yes**

**No**

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**Instructions:**

- Assessment of needs may take different forms. For example, needs may be assessed

through a formal evaluation conducted by another agency or by a contracted provider or through a more informal case planning process involving intensive interviews with the child, family, service providers, etc.

- Reviewers are to answer question A1 based on a determination of whether the agency made concerted efforts to achieve an in-depth understanding of the needs of the child and family, regardless of whether the needs were assessed in a formal or informal manner. Consequently, the evaluation of the assessment should focus on its adequacy in addition to whether one was conducted or not.
- Reviewers are to consider whether there were safety concerns pertaining to the child(ren), other than those identified in item 4 that could be reasonably expected to escalate to an immediate safety issue without intervention.
- In answering this question, reviewers should consider whether the agency conducted an adequate assessment of the child's needs with regard to appropriate placement.
- Reviewers are to answer this question with regard to an assessment of needs other than those related to the child's education, physical health, and mental/behavioral health (including substance abuse). The assessment of the child's needs related to these issues is addressed in later items.
- If the case is a foster care case, reviewers are to determine only whether the agency assessed the needs of the target child in the case, even if there are other children in the family in foster care or in the home.
- If the case is a foster care case, and the child is an adolescent, reviewers should determine whether the child's needs for independent living services are being assessed on an ongoing basis as part of the child's independent living plan. However, if the child is an adolescent and has a permanency plan goal of other planned permanent living arrangement, the reviewer is not to focus on independent living services assessments for item 17 because this was reviewed under item 10.

	Yes	No	NA
A2. During the period under review, were appropriate services provided to meet the child's identified needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Instructions:**

- If the answer to question A1 is Yes, but the result of the assessment was that no service needs were identified other than those related to education, physical health, and mental/behavioral health (including substance abuse), and therefore no services were provided other than services to address those needs, the answer to question A2 should be Not Applicable (NA).
- Reviewers should focus on the agency's provision of services during the period under review. If services were provided before the period under review, and an assessment conducted during the period under review indicated no further service needs, then the answer to question A2 should be Not Applicable (NA).

- Reviewers are to answer this question with regard to provision of services other than those related to education, physical health, or mental/behavioral health (including substance abuse). The assessment of service provision related to these issues is addressed in later items.
- Reviewers should determine whether the services provided matched identified needs. For example, were the services provided simply because those were the services available or were they provided because the assessment revealed a particular need for a particular type of service?
- If the case is an in-home services case, reviewers are to consider whether the agency met the service needs of all children in the family, even if only one child was the subject of the maltreatment report.
- If the case is a foster care case, reviewers are to determine only whether the agency met the service needs of the target child in the case, even if there are other children in the family in foster care or in the home.
- If the case is a foster care case, and the child is an adolescent but does not have a permanency plan of other planned permanent living arrangement, reviewers should determine whether the agency met the service needs relevant to independent living.
- Examples of services that are assessed under this item include child care services that are not required for the child's safety (those services would be covered under item 4), mentoring programs that are not related to the child's education, recreational services, teen parenting education, preparation for adoption and other permanency goals, services that address family relationships that are not mental health in nature (for example, services to assist children in reestablishing or maintaining family ties), and services to assist the child that are recommended by a therapist or other provider but are not mental-health related (such as enrollment in an activity to assist with social skills or to boost self-esteem), etc.

#### **Rating Criteria:**

**Section 17A should be rated as a Strength if either of the following applies:**

- The answers to both questions A1 and A2 are Yes.
- The answer to question A1 is Yes, and the answer to question A2 is Not Applicable.

**Section 17A should be rated as an Area Needing Improvement if the answer to either question A1 or A2 is No.**

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**Rating for this indicator:  
(Check one)**



**Strength**



**Area Needing Improvement**



**Reason for Rating and Documentation**

Provide below your main reason for rating this item as a Strength or an Area Needing Improvement, and provide documentation for the identified issues that are relevant to this case. If any issue is Not Applicable to the case, enter Not Applicable (NA) in the appropriate space. For each issue, indicate the source of your information (for example, case file, interview with biological mother, interview with caseworker, etc.).

**Main Reason**

Item 17A is rated as \_\_\_\_\_ because:

**Documentation Information**

Document the method that the agency used to assess the child's needs:

Document the needs of the child(ren) identified by the agency:

Document the needs that were present but were not identified by the agency:

Document the services provided to the child(ren):

Document the services that were needed but not provided:

Other Issues:

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#### Section 17B: Needs Assessment and Services to Parents

B1. During the period under review, did the agency conduct (1) a formal or informal initial comprehensive assessment of the mother's needs (if the case was opened during the period under review) or (2) an ongoing assessment to provide updated information regarding the mother's needs for case planning purposes (if the case was opened before the period under review)?

**Yes**

**No**

**NA**

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B2. During the period under review, did the agency conduct (1) a formal or informal initial comprehensive assessment of the father's needs (if the case was opened during the period under review) or (2) an ongoing assessment to provide updated information regarding the father's needs for case planning purposes (if the case was opened before the period under review)?

**Yes**

**No**

**NA**

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**Instructions:**

- The applicable question B1 or B2 should be answered Not Applicable (NA) if (1) the parent's parental rights were terminated before the period under review, (2) the parent's whereabouts was not known during the entire period under review despite agency efforts to locate her or him, or (3) the parent was deceased during the entire period under review.
- Reviewers are to determine whether the agency has made concerted efforts to ensure that case planning is based on an in-depth understanding of the needs of the child and parent, regardless of whether the needs were assessed in a formal or informal manner. (Assessment of needs may take different forms. For example, needs may be assessed through a formal psychosocial evaluation conducted by another agency or by a contracted provider or through a more informal case planning process involving intensive interviews with the child, family, service providers, etc.)
- Assessment of parents' needs refers to a determination of what parents need to provide appropriate care and supervision to ensure the safety and well-being of their children.
- Assessment of parents' needs may include mental and physical health needs, as later items do not address these concerns for the parents.
- If the case was opened during the period under review, reviewers should focus on whether the agency conducted an initial comprehensive assessment as a basis for developing a case plan, and whether ongoing assessment was conducted as appropriate.
- If the case was opened before the period under review, reviewers should focus on whether the agency conducted periodic comprehensive needs assessments (as appropriate) during the period under review to update information relevant to ongoing case planning.
- If the child is in an adoptive home (the adoption has been finalized), reviewers should consider the adoptive parents as the parents.

B3. During the period under review, did the agency provide appropriate services to the mother to meet identified needs (with respect to services the mother needs in order to provide appropriate care and supervision to ensure the safety and well-being of her children)?

**Yes****No****NA**☐☐☐

B4. During the period under review, did the agency provide appropriate services to the father to address identified needs (with respect to services the father needs in order to provide appropriate care and supervision to ensure the safety and well-being of his children)?

**Yes****No****NA**☐☐☐**Instructions:**

- Follow the instructions for questions B1 and B2.
- If an assessment was conducted but no service needs were identified, this question can be answered Not Applicable (NA).

- Appropriate services are those that enhance the parents' ability to provide care and supervision to their children and ensure the child(ren)'s safety and well-being; for example, substance abuse treatment, parenting skills classes, safety-related services not included in item 4, etc.

**Rating Criteria:**

**Section 17B should be rated as a Strength if either of the following applies:**

- The answers to all four questions are Yes.
- The answer to at least one question is Yes, and the answers to the others are Not Applicable.

**Section 17B should be rated as an Area Needing Improvement if the answer to any one of the four questions is No.**

**Section 17B should be rated as Not Applicable if the answers to all four questions are Not Applicable.**

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**Rating for this indicator: (Check one)**



**Strength**



**Area Needing Improvement**



**Not Applicable**

**Reason for Rating and Documentation**

Provide below your main reason for rating this item as a Strength, an Area Needing Improvement, or Not Applicable, and provide documentation for the identified issues. If any issue is Not Applicable to the case, enter Not Applicable (NA) in the appropriate space. For each issue, indicate the source of your information (for example, case file, interview with biological mother, interview with caseworker, etc.).

**Main Reason**

**Item 17B is rated as \_\_\_\_\_ because:**

**Documentation Information**

If the assessment of the mother's needs is determined to be not applicable, indicate reason:

If the assessment of the father's needs is determined to be not applicable, indicate reason:

Document the mother's needs identified by the agency:

Document the mother's needs that were not identified by the agency:

Document the services that were provided to the mother:

Document the services that the mother needed but that were not provided:

Document the father's needs identified by the agency:

Document the father's needs that were not identified by the agency:

Document the services provided to the father:

Document the services that the father needed, but that were not provided:

Other Issues:

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### Section 17C: Needs Assessment and Services to Foster Parents

C1. During the period under review, did the agency conduct an assessment of the needs of the foster or pre-adoptive parents on an ongoing basis (with respect to services they need in order to provide appropriate care and supervision to ensure the safety and well-being of the children in their care)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
C2. During the period under review, were the foster or pre-adoptive parents provided with appropriate services to address identified needs that pertained to their capacity to provide appropriate care and supervision and ensure the safety and well-being of the children in their care?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>

#### Definitions:

- Foster parents are defined as related or non-related caregivers who have been given responsibility for care of the child by the agency while the child is under the care and placement responsibility and supervision of the agency. This includes pre-adoptive parents if the adoption has not been finalized.

#### Instructions:

- Reviewers should select Not Applicable (NA) for both questions C1 and C2 if the case is not a foster care case or if, during the entire period under review, the child was in out-of-home care in a residential facility or similar placement, but does not have foster parents.
- The answer to question C2 should be Not Applicable (NA) if needs were assessed but none were identified.
- Reviewers should determine whether an assessment was conducted to identify what the foster parents needed to enhance their capacity to provide appropriate care and supervision to the children in their home, including needs for respite care, assistance with transportation needs, counseling to address the child's behavior problems, etc.
- Reviewers should determine whether assessment of foster parent needs is done on an ongoing basis. If there is no evidence in the case file that the agency assessed the needs of the foster parents at any time during the period under review, and the foster parents (if available for interview) indicate that they have not been assessed, then the answer to question C1 should be No.

**Rating Criteria:**

Section 17A should be rated as a Strength if either of the following applies:

- Section 17C should be rated as a Strength if either of the following applies:
- The answers to both questions C1 and C2 are Yes.
- The answer to question C1 is Yes, and the answer to question C2 is Not Applicable.

Section 17C should be rated as an Area Needing Improvement if the answer to either question C1 or C2 is No.

Section 17C should be rated as Not Applicable if the answers to questions C1 and C2 are Not Applicable.

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Rating for this indicator: (Check one)	<input type="checkbox"/>	Strength	<input type="checkbox"/>	Area Needing Improvement	<input type="checkbox"/>	Not Applicable
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**Reason for Rating and Documentation**

Provide below your main reason for rating this item as a Strength, an Area Needing Improvement or Not Applicable, and provide documentation for the identified issues. If any issue is Not Applicable to the case, enter NA in the appropriate space. For each issue, indicate the source of your information (for example, case file, interview with biological mother, interview with caseworker, etc.).

**Main Reason**

Item 17C is rated as \_\_\_\_\_ because:

**Documentation Information**

Document the foster parent(s)' needs identified by the agency:



Document the foster parents' needs that were not identified by the agency:

Document the services provided to the foster parent(s):

Document the services that the foster parent(s) needed but that were not provided:

Other Issues:

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**Rating Criteria for Item 17:**

**Item 17 should be rated as a Strength if sections A, B, and C are all rated as a Strength or Not Applicable. Item 17 should be rated as an Area Needing Improvement if any one of**

sections A, B, or C is rated as an Area Needing Improvement.

Rating for this indicator:  
(Check one)



Strength



Area Needing Improvement

**Reason for Rating and Documentation**

Provide below your main reason for rating this item as a Strength, an Area Needing Improvement, or Not Applicable and provide documentation for the identified issues. If any issue is Not Applicable to the case, enter NA in the appropriate space. For each issue, indicate the source of your information (for example, case file, interview with biological mother, interview with caseworker, etc.).

**Main Reason**

**Item 17 is rated as \_\_\_\_\_ because:**

(Note: The reviewers' reason should address information pertaining to the child, mother, father, and foster parents.)

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WELL-BEING OUTCOME 1: FAMILIES HAVE ENHANCED CAPACITY TO PROVIDE FOR THEIR CHILDREN'S NEEDS.

**Item 18: Child and family involvement in case planning (case file and interviews with**

**caseworker, parent(s), child, foster parent(s), service providers)**

**Purpose of Assessment:** To determine whether, during the period under review, concerted efforts were made (or are being made) to involve parents and children (if developmentally appropriate) in the case planning process on an ongoing basis.

**Applicable Cases:** All cases are applicable for an assessment of this item except for the following:

- Foster care cases involving a child for whom participating in planning is not developmentally appropriate, and whose parents or relatives cannot be located despite documented concerted efforts on the part of the agency.
- Foster care cases involving a child for whom participation in planning is not developmentally appropriate, and whose parents were deceased during the entire period under review.
- Foster care cases involving a child for whom participation in planning is not developmentally appropriate, and whose parents voluntarily terminated their parental rights (i.e., consented to adoption of the child) shortly after contact with the agency and/or did not seek to be involved in any way in the child's life.
- Foster care cases involving a child for whom participation in planning is not developmentally appropriate, and whose parents' rights were terminated before the period under review.
- Foster care cases involving a child for whom participation in planning is not developmentally appropriate, and, during the entire period under review, it was documented in the case file that it was not in the child's best interest to involve the parents and the child in case planning.

In-home services cases are applicable even in States that do not require a formal case plan to be developed for in-home services cases. Therefore, the case is applicable even if there is no requirement for a case plan and there is no case plan in the file.

**Is this case applicable?** (Select the appropriate response. If the response is No, rate the case as Not Applicable in the ratings section, provide your reason for the rating in the documentation section, and continue to item 19.)

**Yes**

**No**

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A. During the period under review, did the agency make concerted efforts to actively involve the child in the case planning process?

**Yes**

**No**

**NA**

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**Definition:**

- "Actively involved" means that the agency consulted with the child (as developmentally appropriate) regarding the child's goals and services, explained the plan and terms used in the plan in language that the child can understand, and included the child in periodic case planning meetings, particularly if any changes are being considered in the plan.

**Instructions:**

- Reviewers should select Not Applicable (NA) if the child is not old enough to participate in case planning or is incapacitated. Although the capacity to participate actively in case planning will need to be decided on a case-by-case basis, as a guideline, most children who are elementary school-aged or older may be expected to participate to some extent.
- If the case is a foster care case, item 18 applies to the target child only. If the case is an in-home services case, item 18 applies to all children in the family who are/were receiving agency services or are/were residing within the family.
- If the case is a foster care case, reviewers should answer No to this question if there is no case plan in the case file.
- If the case is an in-home services case, and there is no case plan in the file (some States require that an identifiable written case plan be included in the file for in-home services cases), reviewers should identify the extent to which the child (if developmentally appropriate) was involved in determining: (1) his or her strengths and needs, (2) the type and level of services needed, and (3) his or her goals and progress toward meeting them. The reviewer should determine whether this information was documented in the case file in any way.
- Reviewers should not assume that a child's knowledge about his or her case plan is an indicator of active involvement.
- If the initial case plan was developed before the period under review, reviewers should focus on the child's involvement during the period under review in the ongoing case planning process, particularly with regard to evaluating progress and making changes in the type and level of services needed.

B. During the period under review, did the agency make concerted efforts to actively involve the mother in the case planning process?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>NA</b> <input type="checkbox"/>
C. During the period under review, did the agency make concerted efforts to actively involve the father in the case planning process?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>NA</b> <input type="checkbox"/>

**Definition:**

- "Actively involved" means that the agency involved the parent in (1) identifying strengths and needs, (2) identifying services and service providers, (3) establishing goals in case plans, (4) evaluating progress toward goals, and (5) discussing the case plan in case planning meetings.
- For in-home services cases, "parents" are defined as the child's primary caregivers with whom the child lives, or as a noncustodial parent who is involved or wishes to be involved in the child's life.
- For foster care cases, "mother" and "father" include the following:
  - The child's biological parents
  - The child's primary caregivers (if other than the biological parents) from whom the child was removed (if relevant)
  - The child's adoptive parents if the adoption has been finalized

**Instructions:**

- Reviewers should select Not Applicable (NA) if the parents' involvement was determined to be contrary to the child's safety or best interests (for example, the parents are considered abusive parents whose contacts with the child continue to pose unmanageable risks). Documentation must be in the case file.
- Reviewers should select Not Applicable (NA) if the parents' whereabouts were not known, and there is documentation in the case file regarding the agency's concerted efforts to locate her or him.
- If the initial case plan was developed before the period under review, reviewers should focus on the parents' involvement during the period under review in the ongoing case planning process, particularly with regard to evaluating progress and making changes in the plan.
- Reviewers should select No if the agency did not make concerted efforts to locate a parent whose whereabouts were unknown.

**Rating Criteria:**

**Item 18 should be rated as a Strength if the answers to questions A, B, and C are either Yes or Not Applicable.**

**Item 18 should be rated as an Area Needing Improvement if the answer to any one of questions A, B, or C is No.**

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Rating for this	<input type="checkbox"/>	Strength	<input type="checkbox"/>	Area Needing	<input type="checkbox"/>	Not
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<b>indicator: (Check one)</b>			<b>Improvement</b>		<b>Applicable</b>
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**Reason for Rating and Documentation**

Provide below your main reason for rating this item as a Strength, an Area Needing Improvement, or Not Applicable, and provide documentation for the identified issues. If any issue is Not Applicable to the case, enter NA in the appropriate space. For each issue, indicate the source of your information (for example, case file, interview with biological mother, interview with caseworker, etc.).

**Main Reason**

Item 18 is rated as \_\_\_\_\_ because:

**Documentation Information**

Document the ways in which each party listed below was or was not involved in case planning (for example, identifying needs and services, establishing goals, evaluating progress, etc.) If the involvement of the child, mother, or father is determined by the reviewers to be Not Applicable, document the reasons for this determination (including any evidence of efforts to locate absent parents).

Child:

Mother:

Father:

Other Issues:

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WELL-BEING OUTCOME 1: FAMILIES HAVE ENHANCED CAPACITY TO PROVIDE FOR THEIR CHILDREN'S NEEDS.

**Item 19: Caseworker visits with child (case file and interviews with caseworker, child, parent(s), foster parent(s), service providers, guardian ad litem, CASA worker)**

**Purpose of Assessment:** To determine whether the frequency and quality of visits between caseworkers and the child(ren) in the case are sufficient to ensure the safety, permanency, and well-being of the child and promote achievement of case goals.

**Applicable Cases:** All cases are applicable for an assessment of this item.

A. During the period under review, was the frequency of the visits between the caseworker (or other responsible party) and the child(ren) sufficient to address issues pertaining to the safety, permanency, and well-being of the child and promote achievement of case goals?

**Yes**

**No**

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During the period under review, what was the most typical pattern of visitation between the caseworker or other responsible party and the child(ren) in the case? (Select the box that describes the usual pattern of visitation.)

- ┌ More than once a week
- ┌ Once a week
- ┌ Less than once a week, but at least twice a month
- ┌ Less than twice a month, but at least once a month
- ┌ Less than once a month
- ┌ Never

**Definitions:**

- "Other responsible party" refers to contracted service providers who have full responsibility for case planning and case management (for example, fully or partially privatized child welfare systems where full case management responsibilities are delegated to contract agencies). It does not refer to contracted service providers that provide services while the agency maintains decisionmaking and case management responsibilities regarding the case or the child.
- A "visit" is defined as a face-to-face contact between the caseworker or other responsible party and the child.

**Instructions:**

- If the case is an in-home services case, question A should be answered for all children in the family who are living in the home and/or receiving services through the agency.
- If the case is a foster care case, question A should be answered only for the target child in the case.
- Reviewers should consider only the pattern of visits during the period under review and not over the life of the case.
- Reviewers should focus on the visitation frequency of the agency caseworker responsible for the case.
- Reviewers should determine the most typical pattern of visiting during the period under review because the actual frequency may vary in specific time periods.
- Reviewers should base their determination on the frequency necessary to ensure the child's safety, permanency, and well-being and not on State policy requirements regarding caseworker contacts or visits with the child. For example, if State policy is that the caseworker should visit the child at least once a month, and the reviewer determines that given the circumstances of the case (for example, there are safety concerns), the caseworker should visit more frequently, then the answer to question A should be No, and the reason for this answer should be provided in the documentation section.
- If the typical pattern of visits is less than once a month, the answer to question A should be No unless the reviewer determines that there is a substantial justification for a Yes answer. In this situation the justification should be included in the documentation section.
- If the child is in a placement in another State, the reviewer should determine whether a



caseworker from the jurisdiction in which the child is placed, or a caseworker from the jurisdiction from which the child was placed, visits with the child in the placement on a schedule that is consistent with the child's needs and no less frequently than once per year, as required by Federal law.

B. During the period under review, was the quality of the visits between the caseworker and the child(ren) sufficient to address issues pertaining to the safety, permanency, and well-being of the child and promote achievement of case goals (for example, did the visits between the caseworker or other responsible party and the child(ren) focus on issues pertinent to case planning, service delivery, and goal achievement)?

**Yes**

**No**

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**Instructions:**

- Reviewers should consider both the length of the visit (for example, was it of sufficient duration to address key issues with the child, or was it just a brief visit) and the location of the visit (for example, was it in a place conducive to open and honest conversation, such as a private home, or was it in a more formal or public environment, such as a restaurant or court house).
- Reviewers should consider whether the caseworker saw the child alone or whether the parent or foster parent was usually present during the caseworker's visits with the child. If the child was older than an infant, and the caseworker did not see the child alone for at least part of each visit, then the answer to question B should be No.
- Reviewers also should consider the topics that were discussed during the visits, if that information is available in the case file or through interviews. For the answer to question B to be Yes, there must be some evidence that the caseworker and the child addressed issues pertaining to the child's needs, services, and case goals during the visits.

**Rating Criteria:**

**Item 19 should be rated as a Strength if the answers to both questions A and B are Yes.**

**Item 19 should be rated as an Area Needing Improvement if the answer to either question A or B is No.**

**There are no circumstances under which item 19 could be rated as Not Applicable.**

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**Rating for this indicator:  
(Check one)**

☐

**Strength**

☐

**Area Needing Improvement**

**Reason for Rating and Documentation**

Provide below your main reason for rating this item as a Strength or an Area Needing Improvement, and provide documentation for the identified issues. If any issue is Not Applicable to the case, enter NA in the appropriate space. For each issue, indicate the source of your information (for example, case file, interview with biological mother, interview with caseworker, etc.).

**Main Reason**

Item 19 is rated as \_\_\_\_\_ because:

**Documentation Information**

If not explained in the "reason for rating" section, document barriers to more frequent visiting (if relevant):

If not explained in the "reason for rating" section, and visits were less frequent than monthly but reviewers determined this was sufficient (question A was answered Yes), provide documentation to support that decision and identify other contacts the agency had with the child, if appropriate (for example, the child is in a residential care facility that is 6 hours away, but the caseworker calls and has private conversations with the child weekly and visits the child regularly):

If not explained in the "reason for rating" section, and visits were at least monthly but reviewers determined this was not sufficient, document the case circumstances requiring more frequent visits to meet the child's needs:

Document the aspects of the caseworker visits with the child that contributed to high quality visits (if relevant) or why caseworker visits were not of high quality (if relevant):

Other Issues:

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WELL-BEING OUTCOME 1: FAMILIES HAVE ENHANCED CAPACITY TO PROVIDE FOR THEIR CHILDREN'S NEEDS.

**Item 20: Caseworker visits with parents (case file and interviews with caseworker, parent(s), service providers)**

**Purpose of Assessment:** To determine whether, during the period under review, the frequency and quality of visits between caseworkers and the mothers and fathers of the children are sufficient to ensure the safety, permanency, and well-being of the children and promote achievement of case goals.

**Applicable Cases:** This item is applicable for assessment for all cases in which visits between the caseworker and at least one parent were determined to be appropriate and not contrary to a child's safety or best interests. The case is Not Applicable for an assessment of this item if any of

the following apply:

- Both parents are deceased (during the entire period under review) and the child is not in a permanent home.
- There is no plan for further involvement between the parents and the agency or the parents and the child, and the child is not in a permanent home.
- The whereabouts of both parents is unknown and (during the entire period under review) there is documentation of the agency's concerted efforts to locate them.
- During the period under review, neither parent indicated interest in being involved in the child's life after contact or concerted efforts to contact were made by the agency, and/or contact between the agency and the parent would not be in the child's best interest (for example, parental rights have been terminated with no plan for further parental involvement, the parents are considered abusive parents whose contacts with the child continue to pose unmanageable risks). Documentation for this also must be in the case file.

Reviewers may not rate the case as Not Applicable if the parents have not been involved in the child's life unless there is documentation that the agency made concerted efforts to locate both parents and could not locate them, or the agency located them but the parents refused to have any contact with the worker.

**Is this case applicable?** (Select appropriate response. If the response is No, check Not Applicable in the ratings section, provide your reason for the rating in the documentation section, and continue to the Well-Being Outcome 1 rating section.)

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

A1. During the period under review, was the frequency of the visits between the caseworker (or other responsible party) and the mother sufficient to address issues pertaining to the safety, permanency, and well-being of the child and promote achievement of case goals?

Yes	No	NA
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A2. During the period under review, what was the most typical pattern of visitation between the caseworker or other responsible party and the mother of the child(ren)?

- ☐ More than once a week
- ☐ Once a week
- ☐ Less than once a week, but at least twice a month
- ☐ Less than twice a month, but at least once a month
- ☐ Less than once a month

<input type="checkbox"/> Never <input type="checkbox"/> Not applicable			
B1. During the period under review, was the frequency of the visits between the caseworker (or other responsible party) and the father sufficient to address issues pertaining to the safety, permanency, and well-being of the child and promote achievement of case goals?	<b>Yes</b>  <input type="checkbox"/>	<b>No</b>  <input type="checkbox"/>	<b>NA</b>  <input type="checkbox"/>
B2. During the period under review, what was the most typical pattern of visitation between the caseworker or other responsible party and the father of the child(ren):			
<input type="checkbox"/> More than once a week <input type="checkbox"/> Once a week <input type="checkbox"/> Less than once a week, but at least twice a month <input type="checkbox"/> Less than twice a month, but at least once a month <input type="checkbox"/> Less than once a month <input type="checkbox"/> Never <input type="checkbox"/> Not applicable			
<b>Definitions:</b> <ul style="list-style-type: none"> <li>• "Other responsible party" refers to contracted service providers who have full responsibility for case planning and case management (for example, fully or partially privatized child welfare systems where full case management responsibilities are delegated to contract agencies). It does not refer to contracted service providers who provide services while the agency maintains decisionmaking and case management responsibilities regarding the case or the child.</li> <li>• A "visit" is defined as a face-to-face contact between the caseworker or other responsible party and the parent.</li> <li>• For in-home services cases, "parents" are defined as the children's primary caregivers with whom the children live, or as a noncustodial parent who is involved or wishes to be involved in the child's life.</li> <li>• For foster care cases, "parents" include:           <ul style="list-style-type: none"> <li>○ The child's biological parents</li> <li>○ The child's primary caregivers (if other than the biological parents) from whom the child was removed (if relevant)</li> </ul> </li> </ul>			

- The child's adoptive parents if the adoption has been finalized

**Instructions:**

- Reviewers should select Not Applicable (NA) if: (1) agency contact with the mother or father was determined to be contrary to a child's safety or best interests (and this is documented in the case file), (2) the location of the parent was unknown during the entire period under review, despite documented concerted agency efforts to locate her or him, (3) the parents' parental rights were terminated before the period under review and she or he is not involved in the child's life, or (4) during the entire period under review, the parent was not involved in the child's life or in case planning in any way despite agency efforts to involve her or him.
- If the answer to question A1 or B1 is Not Applicable (NA), the answer to question A2 or B2 for that parent also should be Not Applicable (NA).
- Reviewers should consider only the pattern of visits during the period under review and not over the life of the case.
- Reviewers should determine the most typical pattern of visiting during the period under review because the actual frequency may vary in specific time periods.
- Reviewers should select Never for questions A2 and B2 if the agency reported that the whereabouts of the mother or father was unknown, but there was no evidence that the agency made concerted efforts to locate either the mother or the father.
- Reviewers should consider the frequency of visits that is necessary to effectively address: (1) the child's safety, permanency, and well-being, and (2) achievement of case goals. Reviewers should not answer the question based on the caseworker visit requirements that may be established by State policy.
- The answers to questions A1 and B1 should be No if the typical pattern of contact is less than once a month, unless the reviewer has a substantial justification for answering either question as Yes. (Please provide this justification in the documentation section.)

C. During the period under review, was the quality of the visits between the caseworker and the mother sufficient to address issues pertaining to the safety, permanency, and well-being of the child and promote achievement of case goals?

**Yes**

**No**

**NA**

☐

☐

☐

D. During the period under review, was the quality of the visits between the caseworker and the father sufficient to address issues pertaining to the safety, permanency, and well-being of the child and promote achievement of case goals?

**Yes**

**No**

**NA**

☐

☐

☐

**Instructions:**

- Reviewers should consider both the length of the visit (for example, was it of sufficient

duration to address key issues with the mother/father, or was it just a brief visit?) and the location of the visit (for example, was it in a place conducive to open and honest conversation, such as a private home, or was it in a formal or public environment that might be uncomfortable for the parent, such as a court house or restaurant?).

- Reviewers should consider whether the visits between the caseworker or other responsible party and the father/mother focused on issues pertinent to case planning, service delivery, and goal achievement.
- If the answer to question A or B is Not Applicable, then the answer to the corresponding question (same parent) C or D should be Not Applicable.

#### **Rating Criteria:**

**Item 20 should be rated as a Strength if the answers to questions A1, B1, C, and D are Yes or Not Applicable.**

**Item 20 should be rated as an Area Needing Improvement if the answer to any one of questions A1, B1, C, or D is No.**

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<b>Rating for this indicator: (Check one)</b>	<input type="checkbox"/>	<b>Strength</b>	<input type="checkbox"/>	<b>Area Needing Improvement</b>	<input type="checkbox"/>	<b>Not Applicable</b>
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#### **Reason for Rating and Documentation**

Provide below your main reason for rating this item as a Strength, an Area Needing Improvement, or Not Applicable (NA) and provide documentation for the identified issues. If any issue is Not Applicable to the case, enter NA in the appropriate space. For each issue, indicate the source of your information (for example, case file, interview with biological mother, interview with caseworker, etc.).

#### **Main Reason**

**Item 20 is rated as \_\_\_\_\_ because:**

#### **Documentation Information**

If not explained in the "reason for rating" section, describe barriers to more frequent visiting with the mother (if relevant) and provide documentation to support a determination that caseworker visits with the mother is Not Applicable (if relevant):

If visits with the mother were less frequent than monthly, and the reviewers determined this was sufficient (answer to question A1 is Yes), provide the rationale and documentation to support that decision:

Describe the general quality of the caseworker visits with the mother and the issues that were or were not addressed during caseworker visits (if relevant):

If not explained in the "reason for rating" section, describe barriers to more frequent visiting with the father (if relevant) and provide documentation to support a determination that caseworker visits with the father is Not Applicable:

If visits with the father were less frequent than monthly, and reviewers determined this was sufficient (the answer to question B1 is Yes), provide the rationale and documentation to support that decision:



Describe the general quality of the caseworker visits with the father and the issues that were or were not addressed during caseworker visits (if relevant):

Other Issues:

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### **RATING CHILD AND FAMILY WELL BEING OUTCOME 1**

**WELL-BEING OUTCOME 1: FAMILIES HAVE ENHANCED CAPACITY TO PROVIDE FOR THEIR CHILDREN'S NEEDS.**

Check the level of outcome achievement that best describes the extent to which this outcome is being or has been achieved, based on the ratings for items 17 through 20.

#### **Level of Outcome Achievement**

<input type="checkbox"/> Substantially Achieved:	<p>Well-Being Outcome 1 should be rated as Substantially Achieved if both of the following apply:</p> <ul style="list-style-type: none"><li>• Item 17 is rated as a Strength, and</li><li>• Only one of items 18, 19, and 20 is rated as an Area Needing</li></ul>
--	--

	Improvement.
<input type="checkbox"/> Partially Achieved:	<p>Well-Being Outcome 1 should be rated as Partially Achieved if either of the following applies:</p> <ul style="list-style-type: none"> <li>• Item 17 is rated as an Area Needing Improvement, but at least one other item is rated as a Strength.</li> <li>• Item 17 is rated as a Strength, but at least two of items 18, 19, and 20 are rated as Areas Needing Improvement.</li> </ul>
<input type="checkbox"/> Not Achieved:	<p>Well-Being Outcome 1 should be rated as Not Achieved if the following applies:</p> <ul style="list-style-type: none"> <li>• All applicable items are rated as Areas Needing Improvement.</li> </ul>
<input type="checkbox"/> Not Applicable:	<p>Well-Being Outcome 1 should be rated as Not Applicable if all items are rated as Not Applicable.</p>

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## WELL-BEING OUTCOME 2: CHILDREN RECEIVE APPROPRIATE SERVICES TO MEET THEIR EDUCATIONAL NEEDS.

### **Item 21: Educational needs of the child (case file and interviews with caseworker, child, foster parent(s), parent(s), service providers)**

**Purpose of Assessment:** To assess whether, during the period under review, the agency made concerted efforts to assess children's educational needs at the initial contact with the child (if the case was opened during the period under review) or on an ongoing basis (if the case was opened before the period under review), and whether identified needs were appropriately addressed in case planning and case management activities.

#### **Applicable Cases:**

- All foster care cases involving a school-aged child, including those in pre-school, are applicable for an assessment of this item. If a child is 2 years old or younger and has been identified as having developmental delays, the case may be applicable if the

developmental delays need to be addressed through an educational approach rather than through physical therapy or some form of physical health approach. In these latter cases, the issue of developmental delays would be addressed under item 22.

- Foster care cases are Not Applicable if the child is age 2 or younger and there are no apparent developmental delays.
- In-home services cases are applicable for an assessment of this item if (1) educational issues are relevant to the reason for the agency's involvement with the family, and/or (2) it is reasonable to expect that the agency would address educational issues given the circumstances of the case. For example, it is reasonable to expect that the agency would address educational issues in a case in which the child is the subject of a substantiated maltreatment report and, during the period under review, the maltreatment appeared to be affecting the child's school performance.
- In-home services cases are Not Applicable for an assessment of this item if the reviewer determines that, during the period under review, there is no reason to expect that the agency would address educational issues for any children in the family, given the reason for agency involvement or the circumstances of the case. Such a case would be Not Applicable, even if there is information in the case file that the mother or other caregiver has obtained educational services for the child.

**Is this case applicable?** (Select the appropriate response. If the answer is No, rate the item as Not Applicable in the ratings section, provide a reason for the rating in the documentation section, and continue to the Well-Being Outcome 2 rating section.)

**Yes**

**No**



A. During the period under review, did the agency make concerted efforts to assess the child(ren)'s educational needs?

**Yes**

**No**



#### **Instructions:**

- If the case is a foster care case, question A should be answered only for the child in foster care, even if the child was reunified during the period under review and there are other children in the home.
- If the case is an in-home services case, question A should be answered for all children in the home who meet the case applicability requirements.
- Question A should be answered Yes if there was evidence of an educational assessment in the case file, such as the following:
  - An educational assessment was included in the comprehensive needs assessment.
  - A separate educational assessment was conducted by the school (and made available to the agency) or by the agency.
  - The agency conducted an informal (and documented) educational assessment.

- Question A should be answered Yes if the reviewer determines through interviews with key individuals that the agency assessed the child's educational needs, even if the case file did not include the documentation identified above.

B. During the period under review, did the agency engage in concerted efforts to address the child(ren)'s educational needs through appropriate services?	Yes	No	NA
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Instructions:

- Question B should be answered Not Applicable (NA) if an educational assessment was conducted (i.e., question A is answered Yes) but no needs were identified.
- Reviewers should identify the child(ren)'s educational needs and determine if services were provided to address those needs. For example, did the child need special education services, extra help with school work (for example, tutoring), advocacy with the school system, early intervention preschool classes, etc.? Were the appropriate services provided to meet the needs?
- Reviewers should focus on agency efforts, even if these efforts were not fully successful due to factors beyond the agency's control. For example, if the agency made concerted efforts to advocate for special education classes, but the local school continued to resist, reviewers may answer Yes to question B, although the child did not receive the needed services.

#### Rating Criteria:

**Item 21 should be rated as a Strength if either of the following applies:**

- The answers to questions A and B are Yes.
- The answer to question A is Yes, and the answer to question B is Not Applicable.

**Item 21 should be rated as an Area Needing Improvement if the answer to either question A or B is No.**

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<b>Rating for this indicator: (Check one)</b>	<input type="checkbox"/>	<b>Strength</b>	<input type="checkbox"/>	<b>Area Needing Improvement</b>	<input type="checkbox"/>	<b>Not Applicable</b>
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**Reason for Rating and Documentation**

Provide below your main reason for rating this item as a Strength, an Area Needing Improvement, or Not Applicable, and provide documentation for the identified issues. If any issue is Not Applicable to the case, enter NA in the appropriate space. For each issue, indicate the source of your information (for example, case file, interview with biological mother, interview with caseworker, etc.).

**Main Reason**

**Item 21** is rated as \_\_\_\_\_ because:

**The following information is being collected for analysis purposes:**

For foster care cases only, during the period under review, did the agency conduct case management activities appropriate to addressing the child's educational needs? Reviewers should determine if, during the period under review, the following case-management requirements of Federal statute were met for an applicable foster care case (select each one that was met):

- ☐ To the extent available and accessible, the child's educational records are in the case file and are up to date [Social Security Act §475(1)(C)].
- ☐ The case plan addresses identified educational needs [Social Security Act §475(1)(C)].
- ☐ To the extent available and accessible, foster parents or caregivers of a child placed in a facility are provided with the child's educational records [Social Security Act §475(5)(D)].
- ☐ Educational records include the names and addresses of the child's educational providers, the child's grade level performance, and any other relevant education information [Social Security Act §475(1)(C)].

**Documentation Information**

If not explained in the "reason for rating" section, document the process used for educational assessment, if relevant:

Document in the chart below the services provided or not provided to address the child's educational needs. Services would include advocacy on the part of foster parents as well as the caseworker; ensuring that the child received special education classes; making provisions for the child to receive tutoring or educational mentoring; or arranging for the child to be enrolled in early intervention preschool classes, such as Head Start:

Educational Needs	Services Provided	Services Needed but Not Provided

If there are services that were not or are not being provided, document agency efforts, or lack of agency efforts, to provide those services:

Other Issues:

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## **RATING CHILD AND FAMILY WELL BEING OUTCOME 2**

**WELL-BEING OUTCOME 2: CHILDREN RECEIVE APPROPRIATE SERVICES TO MEET THEIR EDUCATIONAL NEEDS.**

Check the level of outcome achievement that best describes the extent to which this outcome is being or has been achieved, based on the rating for item 21.

#### Level of Outcome Achievement

<input type="checkbox"/> Substantially Achieved:	<p>Well-Being Outcome 2 should be rated as Substantially Achieved if the following applies:</p> <ul style="list-style-type: none"> <li>Item 21 is rated as a Strength.</li> </ul>
<input type="checkbox"/> Partially Achieved:	<p>Well-Being Outcome 2 should be rated as Partially Achieved if the following applies:</p> <ul style="list-style-type: none"> <li>Item 21 is rated as an Area Needing Improvement, but the answer to at least one of the key questions was Yes.</li> </ul>
<input type="checkbox"/> Not Achieved:	<p>Well-Being Outcome 2 should be rated as Not Achieved if the following applies:</p> <ul style="list-style-type: none"> <li>Item 21 is rated as an Area Needing Improvement and none of the questions was answered Yes.</li> </ul>
<input type="checkbox"/> Not Applicable:	<p>Well-Being Outcome 2 should be rated as Not Applicable if the following applies:</p> <ul style="list-style-type: none"> <li>Item 21 is rated as Not Applicable.</li> </ul>

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**WELL-BEING OUTCOME 3: CHILDREN RECEIVE ADEQUATE SERVICES TO MEET THEIR PHYSICAL AND MENTAL HEALTH NEEDS.**

**Item 22: Physical health of the child (case file and interviews with caseworker, foster parent(s), parent(s), medical service providers, guardian ad litem, service providers)**

**Purpose of Assessment:** To determine whether, during the period under review, the agency

addressed the physical health needs of the child, including dental health needs.

**Applicable Cases:**

- All foster care cases are applicable for an assessment of this item.
- In-home services cases are applicable for an assessment of this item if (1) physical health issues were relevant to the reason for the agency's involvement with the family, and/or (2) it is reasonable to expect that the agency would address physical health issues given the circumstances of the case. For example, it is reasonable to expect that the agency would address physical health issues in a case in which the child is the subject of a substantiated maltreatment report and there is reason to suspect that, during the period under review, the maltreatment may have affected the child's physical health.
- In-home services cases are not applicable for an assessment of this item if the reviewer determines that there is no reason to expect that the agency would address physical health issues for any children in the family, given the reason for agency involvement or the circumstances of the case. This "non-applicability" applies even if there is evidence in the case file that the agency has learned that the parent is effective in taking care of the child's physical health needs.

**Is this case applicable?** (Select the appropriate response. If the answer is No, rate the case as Not Applicable in the ratings section, provide your justification for the rating in the documentation section, and continue to item 23.)

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

A1. During the period under review, did the agency assess the child's physical health care needs?

Yes	No	NA
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A2. During the period under review, did the agency assess the child's dental health care needs?

Yes	No	NA
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Instructions:**

- If the child is too young for a dental examination, then question A2 should be answered Not Applicable (NA).
- Reviewers should determine if there is evidence that, during the period under review, the agency arranged for assessment of the child(ren)'s health care needs, including dental care needs, both initially (if the child entered foster care during the period under review), or on an ongoing basis through periodic health and dental screening services conducted



during the period under review.

- The evidence to take under consideration would include, but is not limited to:
  - Conducting an initial health care screening, such as EPSDT (Early Periodic Screening, Diagnosis, and Treatment) or other comprehensive medical examination upon entry into foster care (if the child entered foster care during the period under review).
  - Ensuring that, during the period under review, the child received ongoing periodic preventive physical and dental health screenings to identify and avoid potential problems. (Preventive health care refers to initial and periodic age-appropriate dental or physical health examinations.)
  - Including an assessment of physical and dental health needs in the initial comprehensive needs assessment (if the child entered foster care during the period under review), or in ongoing needs assessments conducted to guide case planning.

B1. During the period under review, did the agency ensure that appropriate services were provided to the child to address all identified physical health needs?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>NA</b> <input type="checkbox"/>
B2. During the period under review, did the agency ensure that appropriate services were provided to the child to address all identified dental health needs?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>NA</b> <input type="checkbox"/>

**Instructions:**

- If the answers to question(s) A1 and/or A2 are Yes and no needs for services or treatment were identified, then the corresponding question(s) B1 and/or B2 should be answered Not Applicable (NA). If question A2 is Not Applicable (NA) because of the child's age, then question B2 also should be Not Applicable (NA).
- Reviewers should answer these questions based on a determination of the child(ren)'s physical health needs and the services provided or not provided to address those needs during the period under review. This would include immunizations, treatment services, and dental services, including orthodontics.
- For foster care cases only, reviewers should determine if, during the period under review, there was evidence that the following case-management criteria required by Federal statute were met (select each one that was met):
  - ☐ To the extent available and accessible, the child's health records are up to date and included in the case file [Social Security Act §475(1)(C)].
  - ☐ The case plan addresses the issue of health and dental care needs [Social Security Act §475(1)(C)].

☐ To the extent available and accessible, foster parents or caregivers of a child placed in a facility are provided with the child's health records [Social Security Act §475(5)(D)]. Health records include the names and addresses of the child's health care providers, a record of the child's immunizations, the child's known medical problems, the child's medications, and any other relevant health information.

- Reviewers should answer No to question B1 or B2 if they determine that the fact that the case management activities were not met had or has a negative impact on the agency's ability to meet the child's health and dental care needs. For example, foster parents were unable to effectively address health care needs because they had never seen the child's health records, or the child's health care needs were not being met because there were no health records in the case file and the worker was unaware of the child's health care needs.

#### **Rating Criteria:**

**Item 22 should be rated as a Strength if either of the following applies:**

- The answers to questions A1, A2, B1, and B2 are Yes.
- The answer to at least one of questions A1, A2, B1, and B2 is Yes, and the rest are Not Applicable.

**Item 22 should be rated as an Area Needing Improvement if the answer to at least one question is No.**

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<b>Rating for this indicator: (Check one)</b>	☐	<b>Strength</b>	☐	<b>Area Needing Improvement</b>	☐	<b>Not Applicable</b>
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#### **Reason for Rating and Documentation**

Provide below your main reason for rating this item as a Strength, an Area Needing Improvement, or Not Applicable, and provide documentation for each of the identified issues. If any issue is Not Applicable to the case, enter NA in the appropriate space. For each issue, indicate the source of your information (for example, case file, interview with biological mother, interview with caseworker, etc.).

#### **Main Reason**

**Item 22 is rated as \_\_\_\_\_ because:**

**Documentation Information**

If not explained in the "reason for rating" section, identify the evidence of physical or dental health assessment (for example, what type of needs assessment was conducted, and what kind of information was in the case file or missing from the case file that is relevant to an assessment of physical or dental health needs?):

Did the child receive periodic, age-appropriate physical and dental health examinations to ensure ongoing assessment of needs? If not, document the reasons why the agency did not conduct this ongoing assessment:

Document in the chart below the services that were or were not provided to address physical or dental health needs and link those services to identified needs:

Identified Physical or Dental Health Needs	Services Provided	Services Needed but Not Provided


If there are services that were not provided, document why the services were not provided (for example, lack of agency efforts to secure services, lack of service availability in the community, lack of transportation for foster parents to take child to appointments, etc.):

Other Issues:

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**WELL-BEING OUTCOME 3: CHILDREN RECEIVE ADEQUATE SERVICES TO MEET THEIR PHYSICAL AND MENTAL HEALTH NEEDS.**

**Item 23: Mental/behavioral health of the child (case file and interviews with caseworker, foster parent(s), parent(s), child, service providers, guardian ad litem)**

**Purpose of Assessment:** To determine whether, during the period under review, the agency addressed the mental/behavioral health needs of the child(ren).

**Applicable Cases:**

- Foster care cases are applicable for an assessment of this item if the reviewer determines that, during the period under review, the child had existing mental/behavioral health needs, including substance abuse issues. If the child had mental/behavioral health issues

before the period under review that were adequately addressed and there are no remaining needs during the period under review, the case should be rated as Not Applicable (NA) and the reason(s) should be noted in the documentation section.

- In-home services cases are applicable for an assessment of this item if (1) mental/behavioral health issues were relevant to the reason for the agency's involvement with the family, and/or (2) it is reasonable to expect that the agency would address mental/behavioral health issues given the circumstances of the case. For example, it is reasonable to expect that the agency would address mental health issues in a case in which the child is the subject of a substantiated maltreatment report and there is reason to suspect that, during the period under review, the maltreatment may have affected the child's mental health.
- In-home services cases are Not Applicable for an assessment of this item if the reviewer determines that there is no reason to expect that, during the period under review, the agency would address mental/behavioral health issues for any children in the family, given the reason for agency involvement or the circumstances of the case.

**Is this case applicable?** (Select the appropriate response. If the answer is No, rate the case as Not Applicable in the rating section and provide your justification for this rating in the documentation section.)

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

A. During the period under review, did the agency conduct an assessment of the child(ren)'s mental/behavioral health needs either initially (if the child entered foster care during the period under review) or on an ongoing basis to inform case planning decisions?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

**Definition:**

- "Behavioral health needs" includes needs related to behavioral problems that are not always specified as mental health needs, including substance abuse.

**Instructions:**

- This question should be answered for all cases determined to be applicable for an assessment of this item, based on the above criteria.
- Reviewers should determine whether, during the period under review, the agency conducted a formal or informal mental/behavioral health assessment on the child either at entry into foster care (if the child entered foster care during the period under review), or on an ongoing basis to provide updated information for case planning decisions with regard to mental/behavioral health issues.
- If the case is an in-home services case, question A should be answered for all children in

the home who meet the case applicability requirements.

B. During the period under review, did the agency provide appropriate services to address the child(ren)'s mental/behavioral health needs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
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**Instructions:**

- If question A is answered Yes, but no mental/behavioral health service needs were identified, then the answer to question B should be Not Applicable (NA).
- Reviewers should consider the mental/behavioral health needs that existed during the period under review and the services that the agency provided to address those needs, including outpatient treatment, inpatient mental health treatment, treatment for substance abuse disorders, individual therapy, group therapy, family therapy, etc.

**Rating Criteria:**

**Item 23 should be rated as a Strength if the answer to question A is Yes, and the answer to question B is Yes or Not Applicable.**

**Item 23 should be rated as an Area Needing Improvement if the answer to either question A or B is No.**

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<b>Rating for this indicator: (Check one)</b>	<input type="checkbox"/>	<b>Strength</b>	<input type="checkbox"/>	<b>Area Needing Improvement</b>	<input type="checkbox"/>	<b>Not Applicable</b>
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**Reason for Rating and Documentation**

Provide below your main reason for rating this item as a Strength, an Area Needing Improvement, or Not Applicable, and provide documentation for each of the identified issues. If any issue is Not Applicable to the case, enter NA in the appropriate space. For each issue, indicate the source of your information (for example, case file, interview with mother, interview with caseworker, etc.).

**Main Reason**

**Item 23 is rated as \_\_\_\_\_ because:**

**Documentation Information**

Note whether or not there is evidence of a mental/behavioral health (including substance abuse) assessment. For example, (1) what type of needs assessment was conducted, and (2) what kind of information was in the case file or missing from the case file that is relevant to an assessment of mental/behavioral health needs? Indicate if a formal assessment was conducted, and, if so, note the diagnosis:

If the agency did not conduct initial and/or ongoing mental/behavioral health (including substance abuse) assessments, document the reasons why the assessments should have been provided during the period under review and were not. Also, determine whether any initial mental/behavioral health assessment arranged for by the agency was done so in accordance with State policy timeframes:

Identify in the chart below the services that were or were not provided to address mental/behavioral health needs and link those services to identified needs:

Identified Mental/Behavioral Health Needs	Services Provided	Services Needed but Not Provided


If there are services that were not or are not being provided, describe why the services were not provided (for example, lack of agency efforts to secure services, lack of service availability in the community, no transportation for foster parents to take child to appointments, parent's unwillingness to engage child in services, etc.):

Other Issues:

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### **RATING CHILD AND FAMILY WELL BEING OUTCOME 3**

**WELL-BEING OUTCOME 3: CHILDREN RECEIVE ADEQUATE SERVICES TO MEET THEIR PHYSICAL AND MENTAL HEALTH NEEDS.**

Check the level of outcome achievement that best describes the extent to which this outcome is being or has been achieved, based on the ratings for items 22 and 23.

#### **Level of Outcome Achievement**

<input type="checkbox"/> Substantially Achieved:	Well-Being Outcome 3 should be rated as Substantially Achieved if either of the following applies:
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	<ul style="list-style-type: none"> <li>• Items 22 and 23 are both rated as Strengths.</li> <li>• One item is rated as a Strength and the other item is rated as Not Applicable.</li> </ul>
<input type="checkbox"/> Partially Achieved:	<p>Well-Being Outcome 3 should be rated as Partially Achieved if the following applies:</p> <ul style="list-style-type: none"> <li>• One of the two items (item 22 and 23) is rated as a Strength and the other is rated as an Area Needing Improvement.</li> </ul>
<input type="checkbox"/> Not Achieved:	<p>Well-Being Outcome 3 should be rated as Not Achieved if either of the following applies:</p> <ul style="list-style-type: none"> <li>• Both items are rated as Areas Needing Improvement.</li> <li>• One item is rated as an Area Needing Improvement and the other item is rated as Not Applicable.</li> </ul>
<input type="checkbox"/> Not Applicable:	<p>Well-Being Outcome 3 should be rated as Not Applicable if both items are rated as Not Applicable.</p>

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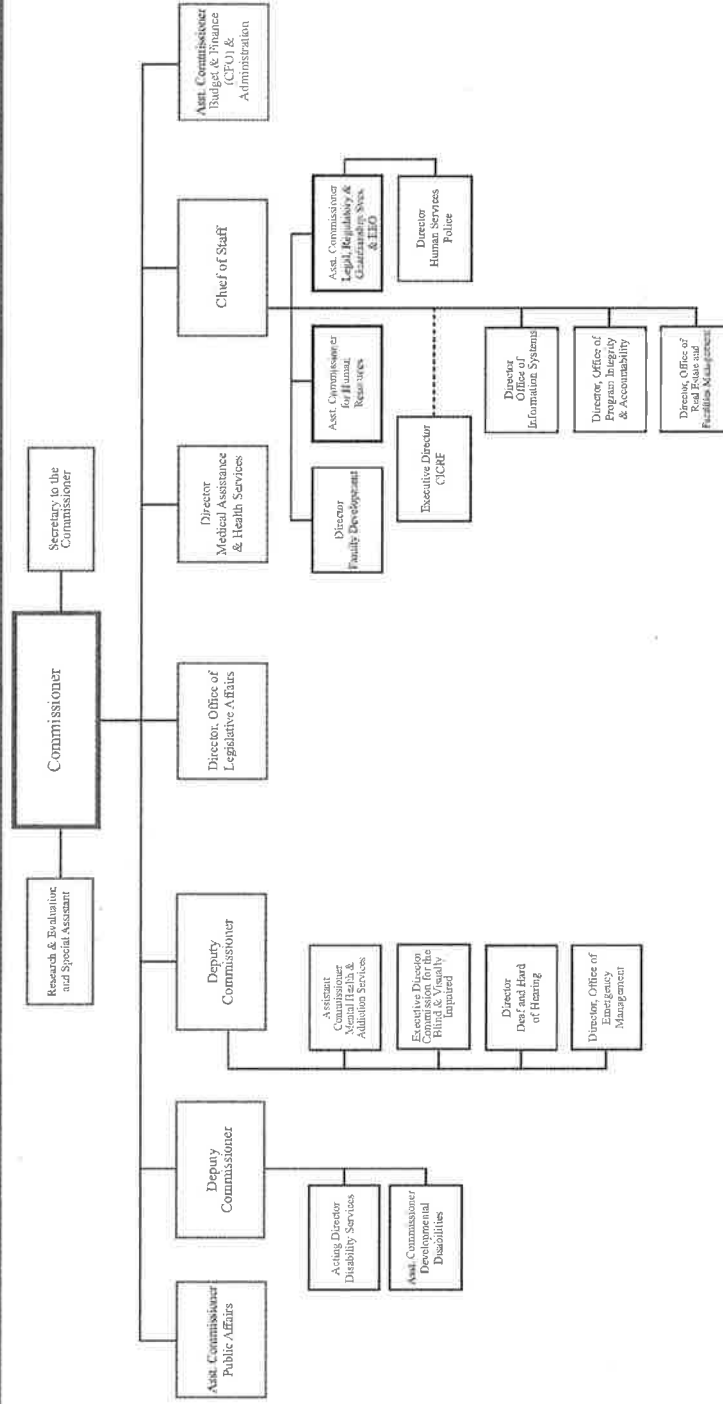
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# APPENDIX C

## ORGANIZATION CHART FOR NEW JERSEY DEPARTMENT OF HUMAN SERVICES

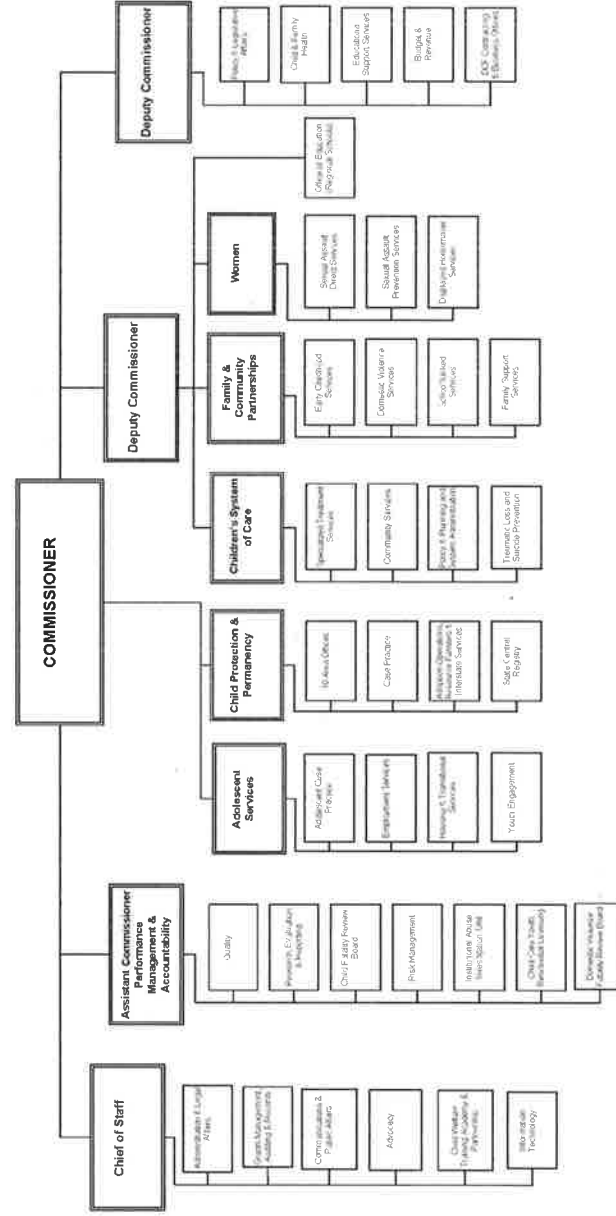
### NJ DEPARTMENT OF HUMAN SERVICES



# APPENDIX D

## ORGANIZATION CHART FOR NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

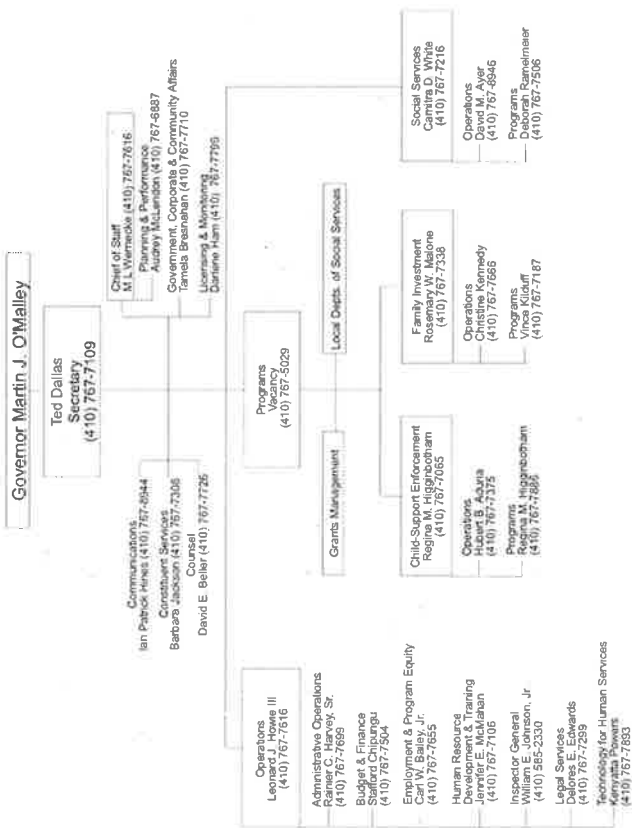
### Department of Children and Families



# APPENDIX E

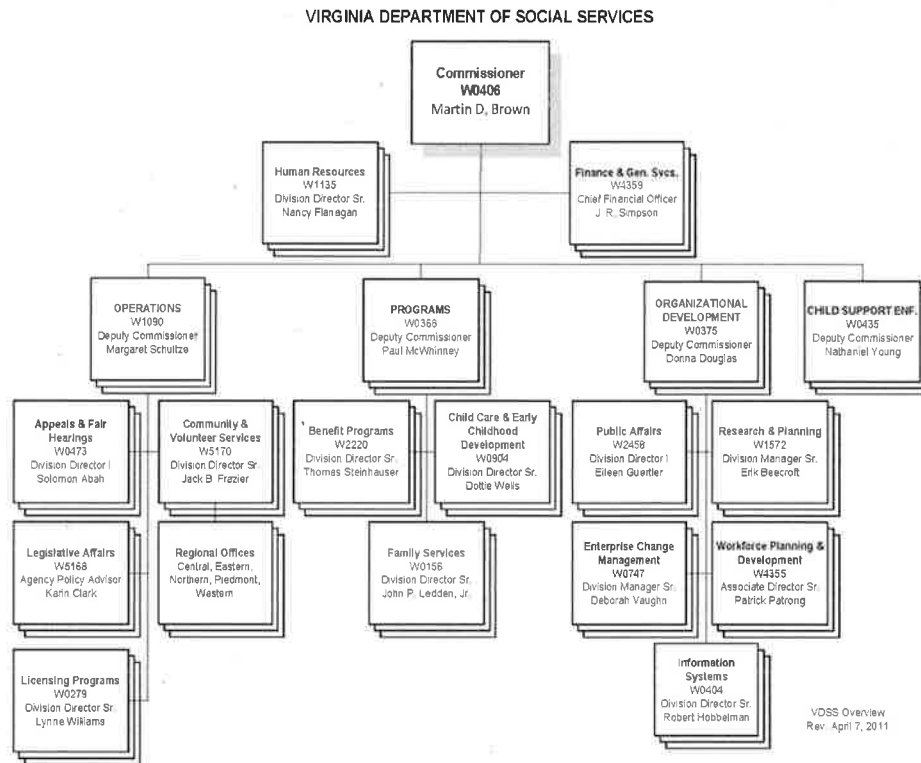
## ORGANIZATION CHART FOR MARYLAND DEPARTMENT OF HUMAN RESOURCES

### DEPARTMENT OF HUMAN RESOURCES



## APPENDIX F

### ORGANIZATION CHART FOR VIRGINIA DEPARTMENT OF SOCIAL SERVICES



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