

Repeat maltreatment is the most important indicator of how well a state’s child protective agency’s interventions perform. The measure’s strength is that it informs leaders of whether the state’s interventions are working within a short timeframe. Because many children and families face socioeconomic challenges, a risk factor for child maltreatment, the state spends millions each year on programs to intervene when families experience crises. Findings in a recent LFC evaluation determined the state sometimes intervenes with foster placements when less traumatic and costly alternatives are available.

### Protective Services

**Preventive services.** Research indicates upstream evidence-based prevention services effectively reduce family interactions with state child protective service agencies and demonstrate positive returns on investment due to reductions in foster placements and other long-term permanency solutions. Because of this, the department’s strategic plan goals include more preventive services and more appropriate placements by reducing the use of congregate care and increasing the use of kinship care. However, the department is in the beginning stages of implementing more preventive services with outcomes such as repeat maltreatment rates not yet being influenced by the department’s interventions.

**State and federal government investments and incentives.** In 2020 the state enacted legislation requiring the department to create a differential response (DR) system, an evidence-based process shown to reduce foster care placements and an alternative way of responding to alleged child maltreatment where there is low risk and where investigations may not be appropriate. The approach allows Protective Services to provide services to a child’s family without removing the child from the home.

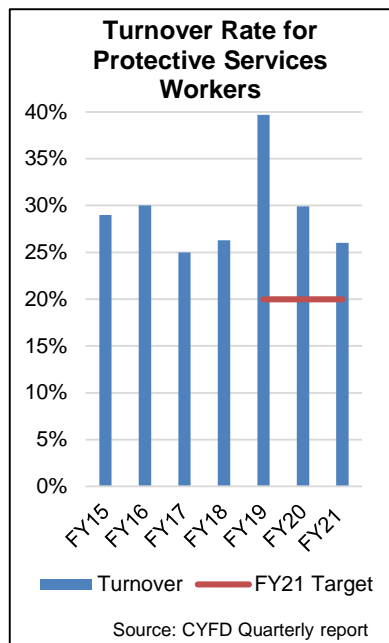
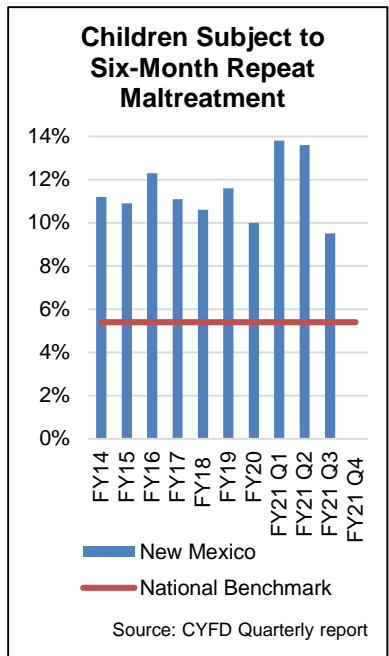
However, the new statute does not require the department to provide an annual implementation and outcomes report to LFC and the Department of Finance and Administration for this urgently needed program until July 2022. Additionally, recognizing positive outcomes associated with preventive services, in 2018 the federal government passed the Family First Prevention Services Act. The act created incentives for states to move money from back-end services to front-end prevention services. The state followed suit, investing more general fund in preventive services.

**Delayed IT upgrades.** The department’s new comprehensive child welfare information system, a linchpin to ensure families are connected to appropriate services, has undergone several delays because of the department’s decision to integrate with the larger Human Services Department Medicaid management information system replacement (MMISR) project. Integration with MMISR, while offering several advantages – such as the ability to leverage a 90 percent Medicaid match and greater agency-to-agency coordination – also presented the department with challenges such as adding several layers of federal reporting requirements and greater funding complexity.

With increased emphasis from the Legislature and the federal government on preventive services, performance is behind benchmark rates and the state continues

### ACTION PLAN

Submitted by agency?	Yes
Timeline assigned?	Yes
Responsibility assigned?	Yes



**Children in foster care are experiencing:**

- Nearly 15 maltreatment victimizations per 100 thousand days in foster care,
- Nearly six foster care placement moves per 1,000 days,
- Non-kinship care 58 percent of the time, and
- Permanent placement of 30 percent within 12-months.

**To address the above performance, Protective Services says it is doing the following:**

- Partnering parents of foster children with contracted community mentors,
- Looking into placing children in shelters, residential treatment, or group homes,
- Instituting corrective action plans for non-compliant treatment foster care agencies, and
- Changing investigation and documentation procedures for foster care maltreatment cases.

to have high repeat maltreatment rates and low rates of prevention services received by families.

**Budget:** \$171,038.6 **FTE:** 1,019

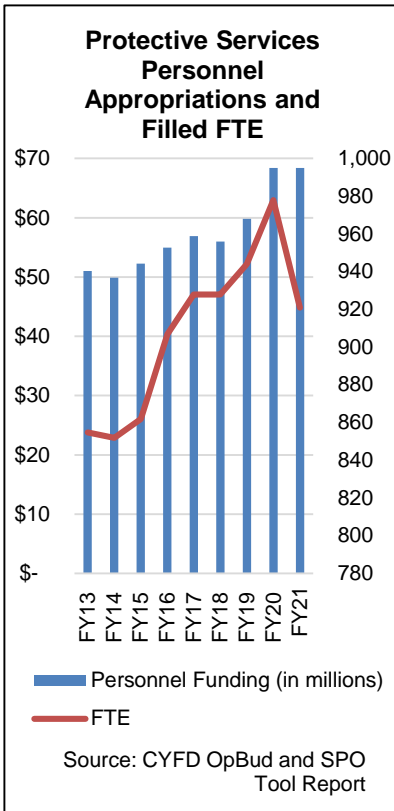
	FY19 Actual	FY20 Actual	FY21 Target	FY21 Actual	Rating
Children who do not have another substantiated maltreatment report within 6 months of their initial report.	89.6%	90%	93%	Not Reported	R
Children who have another substantiated maltreatment report within 12 months of their initial report.	17%	14.1%	9.1%	13.8%	R
Maltreatment victimizations per 100,000 days in foster care.	13.4	12.6	8.5	14.7	R
Children in foster care for more than 8 days, who achieve permanency within 12 months of entry into foster care.	32.3%	29.3%	40.5%	29.7%	R
Children in foster care for 12-23 months at the start of a 12-month period, who achieved permanency within that 12 months.	36.5%	40.2%	44%	40.4%	R
Children in foster care for 24 months (or more) at the start of a 12-month period, who achieved permanency within that 12 months.	36.6%	34%	32%	41%	G
Turnover rate for protective services workers.	39.7%	29.9%	20%	26%	R
For children in foster care for more than 8 days, placement moves per 1,000 days of foster care.	7.8	5.9	4	5.6	R
Families with a completed investigation who engaged in prevention services (In-Home Services, Family Support Services) for 30 days or more.	4.5%	6.4%	20%	Not Reported	R
Rate of serious injury per 1,000 investigations	2.88	3.1	1	Not Reported	R
Average statewide central intake call center wait time (in minutes)	n/a	0:15	0:30	0:27	G
Average of the longest statewide central intake call center wait time per month for a rolling 12-month period (in minutes)	n/a	8:18	15:00	11:30	G
Foster care placements currently in kinship care settings.	23.1%	28.8%	35%	42%	G
Kinship care placements that transition to permanent placement.	37.5%	40.5%	15%	48.5%	G
Indian Child Welfare Act foster care children who are in an ICWA-preferred placement.	n/a	n/a	38%	73.2%	G
Children in foster care who have at least one monthly visit with their caseworker*	94%	95.6%	n/a	98.1%	Y

**Program Rating** R R Y

\*Measure is classified as explanatory and does not have a target.

**Juvenile Justice Services**

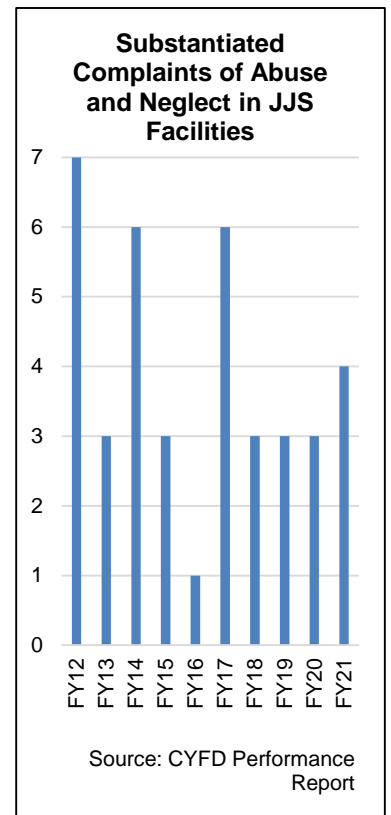
**Mixed performance.** While the program reduced physical assaults in Juvenile Justice Services (JJS) facilities by 22 percent, the share of 18-year-old clients entering corrections within two years of discharge was well above target and FY20 outcomes. The department’s action plan to reduce adult corrections involvement is to conduct assessments to screen for traumatic exposure and allow for individual treatment plans. Those at risk of reoffending are matched to the appropriate level of supervision and are reassessed to measure progress. The action plan could be improved to ensure follow up after the youth leaves the facility and continuance of individual treatment plans. Additionally, the measure on JJS clients who successfully complete probation was better than expected, but recidivism continued to be a problem area. The department may need to reevaluate its probation model



and ensure it is effectively addressing individual needs ensuring clients are prepared for discharge and do not recidivate.

**Budget:** \$71,742.4 **FTE:** 821

	FY19 Actual	FY20 Actual	FY21 Target	FY21 Actual	Rating
Physical assaults in Juvenile Justice Facilities <i>(target is annual; quarterly numbers are cumulative)</i>	235	287	<285	224	G
JJS clients age 18 or older who enter adult corrections within two years of discharge from a JJS facility.	21.5%	14.6%	10%	15.4%	R
JJS clients who successfully complete formal probation.	85.8%	93.7%	86%	90.3%	G
Recidivism rate for youth discharged from active field supervision.	20%	20%	12%	17.7%	R
Recidivism rate for youth discharged from commitment.	44.5%	41.1%	40%	33.4%	G
Substantiated complaints by clients of abuse and neglect in JJS facilities.	10%	25.9%	13%	21.1%	R
Turnover rate for youth care specialists.	16.9%	18.1%	19%	18.5%	G
<b>Program Rating</b>	<b>Y</b>	<b>Y</b>			<b>Y</b>



### Behavioral Health Services

Behavioral Health services also had a mixed year of performance with 30 percent of infants receiving a recommendation for family reunification from a mental health team being referred back to protective services because of substantiated maltreatment. The program’s action plan is to support the community of practice through clinical consultation and increase competency in the delivery of child parent psychotherapy (CPP). Since 20 infants were sent back to protective services this year, the action plan should be improved with greater urgency. The state may need to rethink its use of the CPP model or reevaluate fidelity to the model. Likewise, the measure on children receiving community behavioral health clinician services is well below target and while the action plan includes words, there is no real plan other than filling vacancies. In FY21, BHS added 10 FTE assigned to this work, of which five positions remain vacant.

**Budget:** \$42,948.0 **FTE:** 115.5

	FY19 Actual	FY20 Actual	FY21 Target	FY21 Actual	Rating
Infants served by infant mental health teams with a team recommendation for unification who have not had additional referrals to protective services.	91%	94%	93%	70%	R
CYFD involved children and youth who are receiving services from community behavioral health clinicians.	51.8%	64%	75%	65.3%	R
Youth receiving services who are maintained in the least restrictive setting.	-	-	70%	89.4%	G
Domestic violence survivors who create a personalized safety plan with the support of agency staff prior to discharge from services.	-	-	85%	95%	G
<b>Program Rating</b>	<b>G</b>	<b>G</b>			<b>Y</b>