



Program Improvement Plan Quarterly Performance Report: August 1, 2006 – July 31, 2007

This report summarizes quarterly progress on Rhode Island's Program Improvement Plan (PIP). The PIP sets out performance goals for the six national standards for child welfare agency performance as specified in the Child and Family Service Reviews conducted by the U.S. Department of Health and Human Services' Administration for Children and Families (ACF). Information for the report is compiled from RICHIST data for completed child protective service investigations and foster care placement data for the period October 1, 2005 – September 30, 2006 (Federal Fiscal Year 2006 period). Baseline information is based upon data submitted to the Children's Bureau for the National Child Abuse and Neglect Data System (NCANDS) and Adoption and Foster Care Reporting System (AFCARS) for Fiscal Year 2004 (October 1, 2003 through September 30, 2004). DCYF releases these figures on a quarterly basis to monitor progress toward PIP performance goals. Regional performance is summarized on the back of this report.

What is the Child and Family Service Review?

Beginning in 2000, the ACF began conducting Child and Family Services Reviews (CFSRs) to evaluate state child welfare program functioning. The CFSR process encompassed a range of indicators of program functioning including a statewide self assessment prepared by the agency, a comprehensive qualitative site review of systemic factors and child welfare outcomes for a random sample of cases, and performance against national quantitative standards established for six outcomes for all children active for the most recent available year.

Rhode Island completed its first CFSR in March 2004. To date, similar reviews have been conducted for all fifty states, Puerto Rico and the District of Columbia. No state or jurisdiction passed the initial round of reviews. A brief summary of Rhode Island's performance can be found online (http://www.dcyf.ri.gov/news/review\_summary.htm). In general, the review showed that Rhode Island has strengths as well as areas needing improvement. The Program Improvement Plan (PIP) is a federally-required response to the CFSR that summarizes a comprehensive plan to meet six national standards included in the review. It also describes Rhode Island's strategy for improving the services provided to children and families that are expected to improve outcomes. The date targeted to achieve these standards is August 2007. A copy of the PIP is available at http://www.dcyf.ri.gov/docs/pip\_final.pdf.

How was Rhode Island's progress during the most recent quarter?

Although it is difficult to detect child welfare system changes within a single quarter, this report communicates information about Program Improvement Benchmarks as the state progresses toward annual and target goals. Rhode Island's progress against the six national standards during the most recent quarter is detailed below in Table 1. As is shown in the table, Rhode Island continued to exceed its annual objective for increasing the 12-month rate of foster care reunification (74.6%; Outcome #3), and reducing the 12-month rate of foster care re-entry (18.3%; Outcome #4). The rate for adoptions completed within 2-years of foster care entry continued to decline for the third quarter in a row, and dropped below the national standard (31.9%; Outcome #5). The State typically surpasses the national standard for this element by a wide margin. Improvements in Outcomes 1, 2, and 6 are below target goals for the year, with some fluctuation from the previous quarter observed.

Table 1: Six national standards for child welfare agency performance: 7th quarter PIP Progress

Table with 9 columns: Child Welfare Outcome, National Standard, Baseline (FY04), Fifth Quarter (FFY06), 6th Quarter, 7th Quarter, Current Quarter, Annual Goal 8/2006, Target Goal 8/2007. Rows 1-6 detail outcomes like 'Reduce 6 month rate of recurrence of maltreatment' and 'Increase 12 month rate of reunification from foster care'.

\*Note. RI exceeded the National Standard on this measure, no annual goal was required.

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**How did Rhode Island’s progress during the most recent quarter differ by region?**

Regional performance against the six national standards during the most recent quarter is detailed in Table 2 below. In most cases, regions were determined based upon the mother’s address – though in some cases the father’s or child’s address was used. In a small number of cases (4.3% in the NCANDS, 7.0% in the AFCARS) a region could not be determined; such cases were excluded from regional analyses. It is important to note that regions differ markedly in the number of children investigated by Child Protective Services or the number of children served through foster care placement. **As a result, small variations in outcome across quarters may result in large variations in performance in regions where fewer children are served. Although these figures provide some indication of each region’s performance against national standards, comparisons across regions should be done with caution because of the unique characteristics and challenges for each region.**

Table 2: Six national standards for child welfare agency performance: 8<sup>th</sup> quarter PIP Progress (by Region).

Child Welfare Outcome	National Standard	Region I	Region II	Region III	Region IV	Target Goal 8/2007
1. Reduce 6 month rate of recurrence of maltreatment	6.1 %	8.7 % (36/412)	20.7 % (44/213)	9.4 % (35/371)	15.4 % (103/699)	6.9 %
2. Reduce the incidence of child abuse and/or neglect in foster care	0.57 %	1.31 % (17/1296)	0.94 % *	0.86 % (6/695)	1.60% (22/1377)	0.95 %
3. Increase 12 month rate of reunification from foster care	76.2 %	75.0 % (219/292)	77.4 % (89/115)	76.6 % (144/188)	72.6 % (307/423)	73.42 %
4. Reduce 12 month rate of re-entry to foster care	8.6 %	13.5 % (69/513)	20.0 % (36/180)	17.6 % (58/329)	21.7 % (135/622)	19.95 %
5. Increase 24 month rate of adoption from foster care	32.0 %	24.2 % (22/91)	44.4 % (8/18)	29.8 % (14/47)	41.1 % (30/73)	49.8 %
6. Increase 12 month rate of foster care cases with 2 or fewer placements	86.7 %	79.6 % (499/627)	80.4 % (181/225)	82.2 % (338/411)	81.3 % (625/769)	86.7 %
CPS Investigations Completed (% of DCYF Population).....		25.0%	11.5%	21.2%	38.0%	
Foster Care Children Served (% of DCYF Population).....		31.2%	10.2%	17.3%	34.3%	

NOTE: Italicized numbers in parentheses indicate the number of children who experienced the outcome and the number of children identified as at risk for each outcome. For example, on Outcome #3 in Region III – 144 children (out of a total of 188 children reunified during the year) were within 12 months of entry to care. Each outcome is calculated based upon federal criteria as outlined in the CFSR procedures.

\* To ensure anonymity, in instances where 5 or fewer cases are identified as experiencing an incident the numerator and denominator will not be provided.

\*\* RI exceeds the National Standard on this measure.

As is shown in the table, all regions exceed the national standard for 6-month maltreatment recurrence (Outcome #1) for this reporting period. In addition, All regions exceed national standards for incidence of child abuse and/or neglect among children in foster care (Outcome #2), though Regions II and III met the target performance goal for the year. Regions II and III currently meet the national standards for increasing the 12-month rate of foster care reunification (Outcome #3; 77.4% and 76.6%, respectively), and Regions I meets the annual target goal (75.0%). Regions I and III currently meet the 2007 target goal for reducing the 12-month rate of foster care re-entry (Outcome #4; 13.5% and 17.6%, respectively). Regions II and IV continue to meet the national standard for adoption from foster care within 24 months from a child’s entry into the foster care system (Outcome #5) – though Regions I and III did not meet the standard. Finally, none of the regions met the national standards or target goal for increasing the 12-month rate of foster care cases with two or fewer placements within 12-months (Outcome #6). Recall that comparisons across regions should be done with caution because of the unique characteristics and challenges for each region.