

CPPC data

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Evaluation overview

Community Partnerships for Protecting Children-(CPPC) is a concept based on the premise that “children and families do well when the community does well” As its focus, CPPC works closely with DHHS child protective services to identify children and families who are struggling and at risk of DHHS involvement in cases of abuse and neglect. Because the project is community based, approaches to working with children and families are also community specific. The community level work is the backbone of the project’s success but also presents some challenges in standardizing evaluative tools and measures. As an example, CPPC’s work in Westbrook, while true to the concept presented here, is operationalized differently than the work in the Parkside Neighborhood of Portland or the Redbank neighborhood of South Portland. To tackle this, the evaluation committee elected to measure child abuse and neglect indicators and family risk factors as an indirect measure of CPPC neighborhood activities. The use of indirect indicators is well established in the evaluative literature, Rose, 1991, Eadie, 2006, Weil, 2005, Patton, 2008, Rubin and Babbie, 2010.

As such, the evaluation committee has worked to develop common indirect evaluation measures, based on State level data, in assessing the impact of CPPC activities in target neighborhoods.

The evaluation committee selected State level MACWIS data for 2 important reasons. 1. The data is collected using Federal and State protocols which suggests the definition of variables, terms and measures are the same, regardless of the neighborhood; 2. As CPPC activities expand to other communities, the process of data collection, analysis and reporting back to the various projects can follow some standard measures and evaluative protocols. Data reports using these indirect measures have served as an important framework for the expansion of CPPC projects and activities in other parts of the State-(Bangor and Biddeford). Additionally, data reports have

been instrumental in the CPPC project's efforts at fund raising, community support and ongoing grant and contract work.

The methodology follows 4 board research questions. We realize there are multiple avenues for operationalizing the variables associated with these questions. Our approach leads us to believe using standardized data provides a unique opportunity to employ accepted data analysis and evaluation methods to address these issues.

1. Children and families in neighborhoods where CPPC activities occur have lower rates of DHHS case substantiation and child removes as compared with similar neighborhoods without a CPPC project.
2. Children and families in neighborhoods where CPPC activities occur have their children returned to them in shorter timeframes than similar neighborhoods without a CPPC project.
3. Children and families in neighborhoods where CPPC activities occur have a stronger connection to community resources which can help in stabilizing their lives.
4. CPPC project neighborhoods will focus on addressing risk and red flag indicators in their work with children and families.

Our approach has been to examine DHHS assessment data to determine the extent to which CPPC community activities impact assessments. Using DHHS assessment data in the evaluation of CPPC activities is important for two reasons. First, data collection and reporting of the assessment data is standardized across all DHHS assessment and intake processes. Secondly, because DHHS case workers assigned to investigate these cases work from a similar model, all data and categories definitions have equal meaning. As an example, an assessment results in an

unsubstantiated child protective case which is then investigated, resolved and reported using the same methods in Portland as it is in Westbrook and South Portland.

As an additional measure, the evaluation has also focused on the use of comparison data. The use of comparison data allows for some strengthening of the indirect evaluative methods. It also affirms differences in activity levels which occur within the different communities.

During the past 12 months, the CPPC evaluation data reporting has taken three distinct forms. First a review and analysis of DHHS cases in two specific areas: 1. the change over time from a 2008 baseline of child protective assessments within the Greater Portland CPPC neighborhoods, 2. comparison of activity within the CPPC neighborhood as it relates to other cases where there is DHHS involvement, 3. the development of an assessment modeling and risk factors for substantiated cases based on federally mandated risk factors and 4., telephone interviews with parents who were involved in the department and had their children removed from their care.

Data presentation

Table 3: Comparisons of substantiated cases

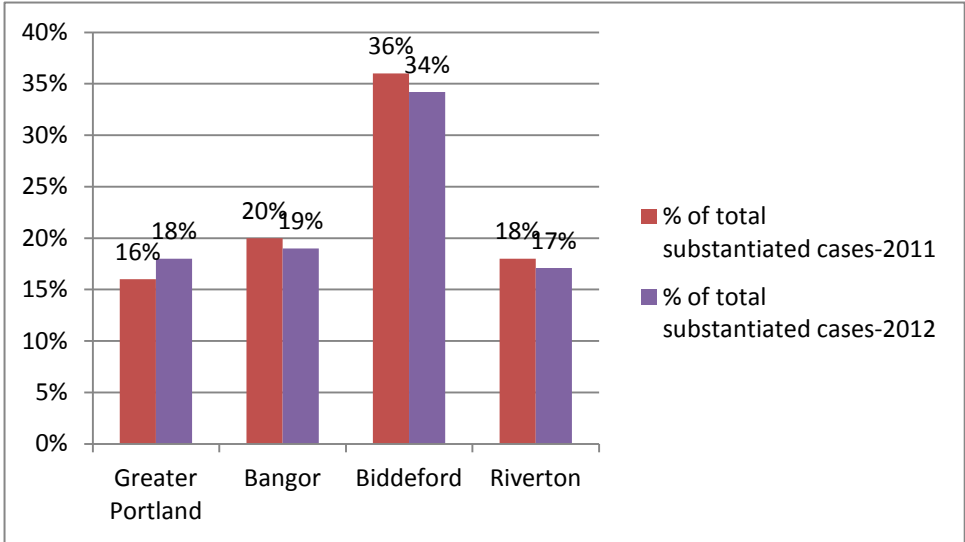


Table 4: Analysis of indicated cases

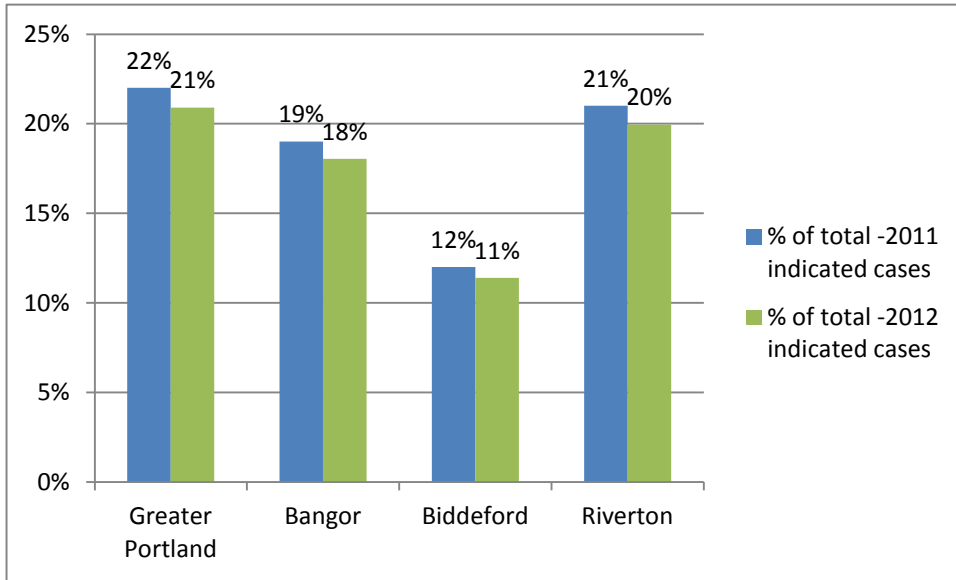


Table 5: Analysis of unsubstantiated cases

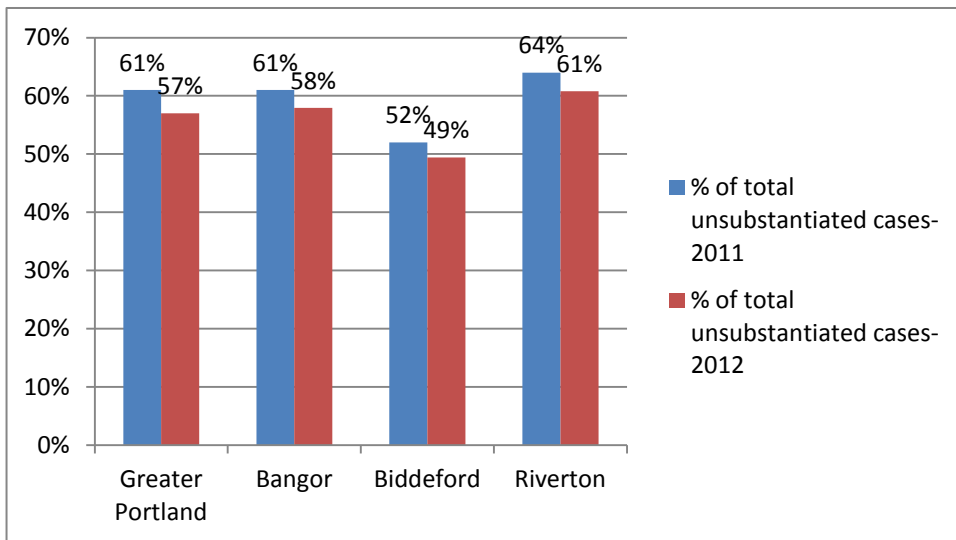


Table 6: Comparison of cases removed during the past 12 months the CPPC projects

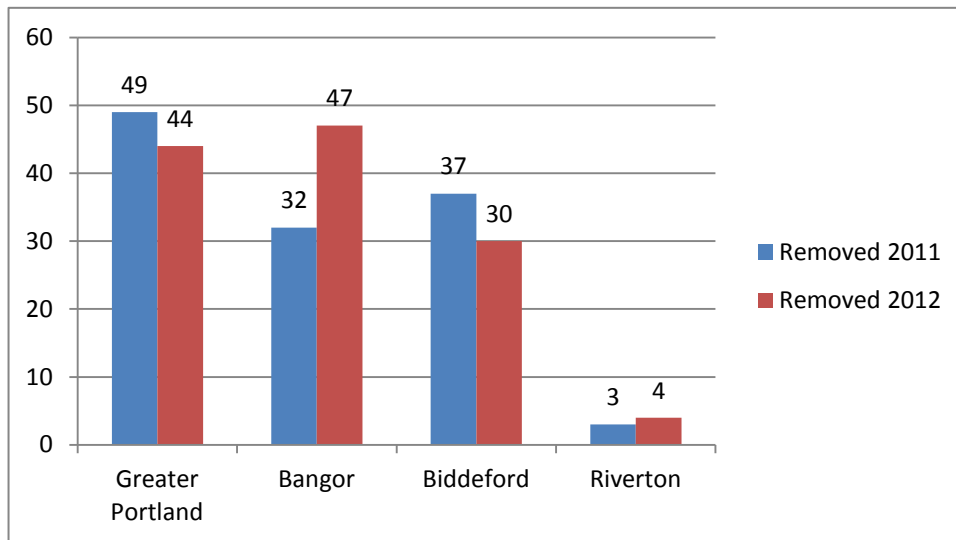
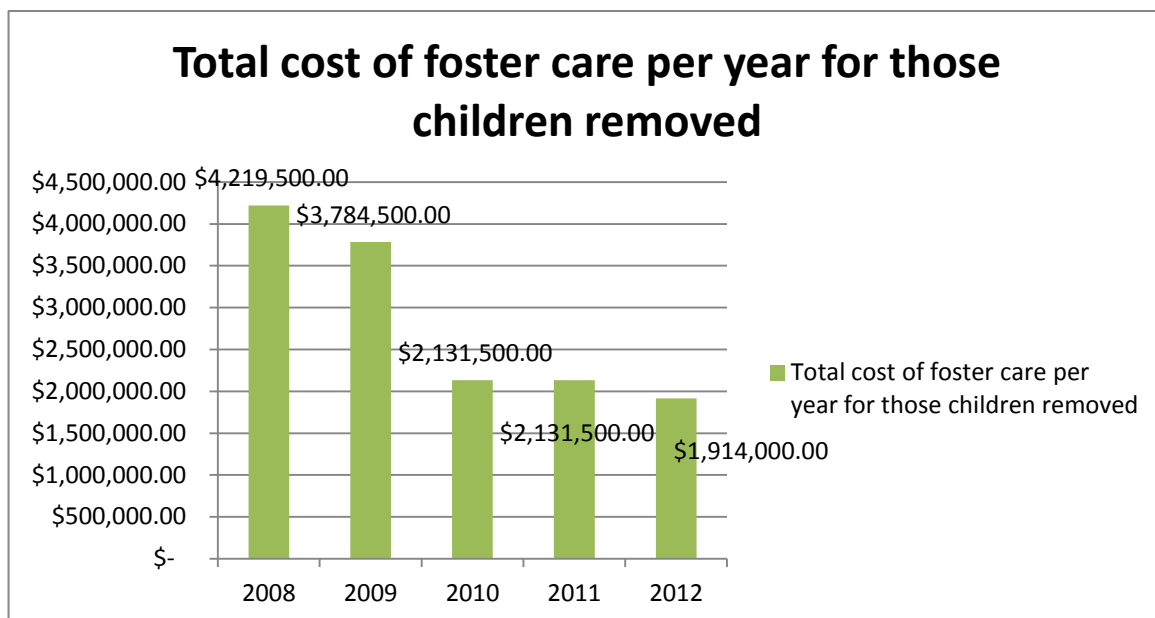


Table 7: Cost savings from a reduced number of removals for the greater Portland area.



As figure 7 illustrates, the data suggests a cost savings of the number of children removed from baseline. The average cost savings in 2012 from 2008 for children removed from care is \$3,262,500.00

The average cost figure is based on 2008 DHHS reports of the annual cost of a child in foster care is \$43,500 a year.

Risk factor analysis

Overview

Using DHHS federal risk factor data, we created categories of risk for all cases. Case categories were based on groupings of the risk factors into 4 categories: substance abuse, domestic violence, mental health and housing. These four categories represent 70 percent of the federal risk factors reported in all cases. The following is a table of all indicators and how they were sorted into the following categories. This sorting was based on input from the evaluation committee who are familiar with the protocols for selecting the indicators based on standardized training and assessment of DHHS case workers who are using the Federal standards.

Table 11: Risk factor analysis.

Mental health	Substance Abuse	Domestic violence	Housing
Add/ADHD Emotionally disturbed child Learning disability Mental Health problems Severe acting out by child	Alcohol misuse by parent Alcohol misuse by child Drug misuse by parent Drug misuse by child	Divorce conflict Involved with court Spouse abuse	Inadequate housing Unstable housing

Analysis of these factors and relationship to cases where children are removed are as follows.

Figure 13: Risk factors and case removals comparison 2011 to 2012

Community	Mental health problems-2011	Mental health problems-2012	Domestic Violence-2011	Domestic Violence-2012	Substance abuse-2011	Substance abuse-2012	Housing-2011	Housing-2012
Lewiston	92%	87%	67%	52%	40%	54%	30%	39%
Greater Portland CPPC area	94%	93%	77%	61%	52%	47%	45%	62%
Bangor	71%	86%	58%	44%	44%	53%	21%	51%
Biddeford	72%	77%	74%	81%	51%	63%	43%	40%

As the data suggests, complicated issues of mental illness, domestic violence, substance abuse and housing play significant roles in DHHS child welfare cases. The data suggests the Greater Portland area CPPC neighborhood has higher rates of these risk factors than other communities. Data comparisons between 2011 and 2012 suggest increases in risk factors in the Greater Portland CPPC area in housing and Mental Health.

Risk factors

Odd's ratio analysis of all cases to assess if increased indicators corresponded to an increase in the likelihood of the case being substantiated. The data suggests that families who have two or more factors are seven times more likely to have the case substantiated than those with only 1 risk factor category. Within the Greater Portland CPPC neighborhoods, housing plays a significant role in case substantiation. Additional analysis by CPPC area is as follows:

Table 18: Risk factor analysis

Community	1 factor	2 factors	3 or more
Lewiston	10%	62%	84%
Greater Portland CPPC area	12%	87%	94%
Bangor	22%	57%	90%
Biddeford	44%	74%	94%

Additional analysis provides some insight into cases where a combination of risk factors play a significant role in child removal. These red flag issues serve as important predictors of the likelihood of a child being removed from the home. As these risk factors become clearer, it is envisioned Greater Portland CPPC activities can focus on service delivery which can reduce the number of children removed.

Table 19: Red flag risk factors

Community	Red flag risk factors 2011	Red flag risk factors 2012

Greater Portland area CPPC neighborhood	Housing, mental illness	Housing, mental illness
Bangor area CPPC neighborhood	Mental illness, substance abuse	Mental illness, substance abuse
Biddeford CPPC neighborhood	Substance abuse, domestic violence	Mental illness, domestic violence

The data suggests several interesting differences between the risk factors for each of the three CPPC communities. For the Greater Portland CPPC neighborhoods, risk factors of housing and mental illness would be considered areas of concern for case substantiation. In Bangor, risk factors of mental illness and substance abuse are high factors for consideration and in Biddeford risk factors of domestic violence and substance abuse are high factors of case substantiation.

With the following data now available, we will be able to track changes in the red flag cases over time.

Telephone interview of removal cases in the Greater Portland CPPC neighborhoods

Overview

During the late fall of 2012, telephone follow up interviews were conducted with 14 parents who were involved with DHHS child protective. This was 50 percent of the total families. In all of these cases, the participants children were removed from the home by the State because child safety issues. Participants were asked to answer 9 questions which explored their relationship with CPPC programs and how CPPC may have played a role in the case and questions about their case worker. All interviews were conducted by an intern assigned to the Department of Health and Human Services, Child Protection Services unit in Portland.

Question analysis

Question 1: “We noticed that you live in a Community Partnerships for Protecting Children Neighborhood, also known as CPPC. Have you ever worked with a CPPC partner before the Department became involved with your family? If yes, how has CPPC been helpful to you?”

Sixty-four percent of the respondents reported working with a CPPC partner prior to Department involvement. Of those who worked with a partner, the majority of the responses suggested the partner provided them with information about supports in the community. In two cases, the respondents reported a referral for mental health services was made by a CPPC partner agency. Thirty five percent of the respondents reported they had not worked with CPPC partner before Department involvement.

Question 2: “How well did your case worker explain to you the reasons why your child was removed from your care?”

A majority of the respondents confirmed that the process of removing a child from a parent is a complex and emotional process which involves many steps and procedures. Seventy one percent of the respondents reported that their case worker explained the reasons for removal well to them. Not surprisingly, many of the respondents suggested they understood some of the reasons but were confused by other aspects of the cases. Analysis suggests issues related to child safety were well explained to the participants while procedural issues appear to be where the participants were confused. Twenty eight percent of the respondents suggested the case worker did not explain the reasons why their child was removed.

Question 3: “What do you think you needed to keep your child safe?”

The issues related to what parents needed to keep their child safety can be divided into five broad categories of: parenting; stable housing; domestic violence; addiction and employment.

Twenty eight percent of the respondents reported they needed help with parenting and issues related to how to parent. Most of them suggested issues of parenting would have been helpful to them in making appropriate decisions regarding child safety.

Twenty eight percent of the respondents reported struggling with issues related to finding and maintaining stable housing. One respondent suggested it was difficult to find housing for a family.

Twenty eight percent of the respondents reported needing help with issues related to domestic violence. Half of these respondents suggested issues of violence were related to their substance abuse issues and others suggested violence in the home was related to parenting issues.

Twenty eight percent of the respondents reported issues related to finding a job to support their families.

Fourteen percent of the respondents reported they needed help with their addiction and its impact on their child. As suggested earlier, some reported their addiction issues also lead to violence in the home.

Question 4: "Thinking about your case, were you offered a family team meeting?"

All respondents reported being offered family team meetings.

Question 5: "If yes, did you find those meetings Helpful, not helpful, very helpful"

Sixty four percent of the respondents reported the family team meeting was helpful. Of those who commented on the family team meeting process, support was listed as the most important.

Question 6: "Thinking about your case, what did you caseworker do well?"

Listening and being supportive was the number one thing which caseworkers did well. Other specific issues relating to what the caseworkers did well included, making sure appointments were kept and organizing things such as transportation and time with the child.

Question 6 a: “What could your case worker have done differently?”

In contrast, Forty two percent of the respondents suggested the caseworker did not listen to them and that they could have been more supportive of their situation. Fourteen percent reported the caseworkers could have helped in making more referrals.

Question 7: “When your case closes are there resources in the community you will continue to use?”

Eighty four percent of the respondents suggested they would continue to use community resources after their case closes. Of those, thirty five percent of the respondents reported they will continue to use counseling. Thirty five percent reported they will continue to be involved in parenting classes. Another fourteen percent of respondents reported they would continue to stay involved in community resources but they did not specifically mention any.

Question 8: “Is there anything else you want me to know about CPPC and your worker?”

A majority of the respondents did not answer this question. Of those who did answer the question, all were related to their caseworker or specifically to their case. In one case, the respondent suggested she knew “her son was better off in State custody because she could not provide for him.”

Overall summary

As suggested in the other reports related to CPPC activities, community based referrals and activities are an important component of keeping families connected to their communities. Respondents validated the importance of working with the community for referrals, support and services. This data also confirms many of the other reports findings that issues of housing, domestic violence and substance abuse are significant factors which impact removals. This data also suggests that the respondents found family team meetings to be helpful to them during the

process. Relating to their caseworkers, a majority of respondents reported that their case worker explained things well and was a resource to them during the process.

Bibliography

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