

Addressing Domestic Violence in the Child Welfare System

**CJA Taskforce Meeting
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Presented By:

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■ AGENDA

- + Introduction of the HMA team
- + Details of project scope and timelines
- + Validate research questions
- + Current work
- + Questions

OUR TEAM



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SCOPE & PROJECT TIMELINE

HEALTH MANAGEMENT ASSOCIATES

SCOPE

Complete a Preliminary Needs Assessment

- Focus area 1: Assessment of domestic violence rates and the known risk or protective factors for domestic violence.
- Focus area 2: Assessment of organizational policies and practices and of child maltreatment cases over time.
- Focus area 3: Assessment of CWS agency staffing and capacity.
- Focus area 4: Assessment of CWS and domestic violence collaboration, court systems, law enforcement, and domestic violence advocates as well as survivors of domestic violence and the CWS.

Develop an Implementation Plan

- HMA will analyze and summarize the results from the background review and child welfare/domestic violence system assessments in the three jurisdictions and tribes and develop a comprehensive training plan to be implemented across the CWS.

Implement and Evaluate

- Once approved, HMA will implement the training plan across the state with fidelity.
- Prior to beginning the training course HMA will conduct a baseline assessment. We will repeat this assessment periodically during the two-year period. HMA will administer a Post-course test. A survey conducted of first-year participants during the second year will assess if knowledge application occurred.

REVIEW ASSESSMENT CORE AREAS

TO TAKE A MOMENT AND REVIEW SCOPE FOR THE ASSESSMENT:

- Are there any modifications or additions to the research questions?
- Are there existing data sources yet to be shared or thought of?

HEALTH MANAGEMENT ASSOCIATES

Complete a Preliminary Needs Assessment

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Focus Area 1:

Assessment of domestic violence rates and the known risk or protective factors for domestic violence.

- To inform the competencies needed among child welfare staff to engage, assess, and intervene with families that are experiencing domestic violence.
- To better understand what the non-offending parent and the child may need to recover from the experience and prevent ongoing re-occurrence of violence.

Research Questions

- What are the current health and social outcomes for children across the state?
- How is that changing?
- What domestic violence services exist within each child welfare jurisdiction?
- What batterer intervention programs exist within each child welfare jurisdiction?
- What community stressors exist? What community-level trauma exists?
- What are the specific experiences of tribes?

Data Sources:

- Population health survey data
- Child abuse and neglect data (DCFS and others?)
- Community partner MOUs/ Referral protocols

New data collection:

- Community-based Stakeholder interviews
- CWS Staff Survey

Focus Area 2:

Assessment of organizational policies and practices and of child maltreatment cases over time.

- To help us understand if and where disparities are present and whether responses could have been better aligned with best practices.
- To highlight how regions may vary in their processes, services, and community assets as well as training needs.

Research Questions

- How has the proportion of domestic violence as a removal reason among child maltreatment cases changed over time?
- How has the proportion of domestic violence as a removal reason among child maltreatment cases involving families of color, and other key demographics (i.e., language spoken, mental health/substance use disorder presence, offender demographics, age of the child, etc.) changed over time?
- What is the current level and frequency of training on domestic violence for CWS staff? For partners and external stakeholders? What has this been in the past?
- How is domestic violence built into current quality improvement and quality assurance (QA/QI) plans?
- What are current practices for intervening with perpetrators?
- What are current approaches to working with non-offending parents?
- What is the current availability of culturally and linguistically specific services? Do services for teens and LGBTQ families exist? How are these programs currently operating?

Data Sources:

- DCFS Child abuse and neglect data
- DCFS and regional policy manual and practice model
- QA/QI review protocols
- Current training plan, practice model

New data collection:

- CWS Staff Survey and Focus Groups

Focus Area 3:

Assessment of CWS agency staffing and capacity.

- To understand the extent to which there is internalized commitment to domestic violence best practices and approaches and the capacity among CWS staff and partners to implement them.

Research Questions

- What is the current level of CWS staff and leadership's understanding of the dynamics of domestic violence?
- What is the current level of understanding of the impacts of domestic violence on children?
- Is there knowledge of best practices, for example, the ability to integrate knowledge of individual, family, and cultural dynamics and recognize signs and symptoms of at-risk behaviors, including chemical health and domestic violence in children/youth and adults, and assess their impact?
- What do CWS agency staff feel has worked well regarding building their capacity and understanding of the intersection between domestic violence and child welfare? What hasn't worked well?
- To what extent is practice change occurring to improve responsiveness to child welfare cases involving domestic violence?

Data Sources:

- DCFS Child abuse and neglect data
- DCFS and regional policy manual and practice model
- QA/QI review protocols
- Current training plan, practice model
- Summary of EBPs
- Training outcome/evaluation data

New data collection:

- Focus groups with domestic violence survivors with past CWS engagement
- CWS Staff Survey and Focus Groups

Focus Area 4:

Assessment of CWS and domestic violence collaboration, court systems, law enforcement, and domestic violence advocates as well as survivors of domestic violence and the CWS.

- To improve understanding on the extent of collaboration occurring among CWS agency staff and court systems, law enforcement, and domestic violence advocates.
- We will look to learn from these partners' reflections on current collaboration, referral numbers (i.e., close looped referrals), and joint programs/efforts.

Research Questions

- To what extent do Batterer Intervention Programs (BIPs) address children? How are current relationships with BIPs operated? Do feedback loops exist?
- How do relationships with domestic violence service providers currently operate?
- How do relationships with courts, including criminal courts, currently operate? Does CWS partner with courts to intervene with batterers who are parents?
- What are the needs of each partner so that collaboration can be stronger and more effective (i.e., what are the barriers to increasing effective collaboration to achieving better outcomes)?
- To what extent are partners driving/encouraging, expecting, and demanding better practice in the CWS?

Data Sources:

- MOUs and referral protocols with BIPs, including feedback loops
- Batterer Intervention Model
- MOUs and referral protocols with domestic violence services providers, including feedback loops
- MOUs and referral protocols with courts, including feedback loops

New data collection:

- Focus groups/interviews with a representative sample of BIPs per jurisdiction
- Focus groups/interviews with a representative sample of domestic violence service providers per jurisdiction
- Scan of advocacy and policy efforts to change current practice in the CWS



CURRENT WORK

HEALTH MANAGEMENT ASSOCIATES

■ NEXT STEPS

- + Conducting Individual Key Informant Interviews
- + Will be conducting focus groups in January
- + Reviewing background reports, data and artifacts
 - Current training plans
 - Policy manuals and protocol guidance
 - Staffing charts
 - Strategic plans
 - Child welfare agency MOUs and referral protocols for community organizations - partial
 - Family Justice Centers
 - Other relevant documents
- + Data

Our data requests are with the data office of DHHS of Child and Family Services and are being processed

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