



Alternative Response: Essential Considerations for Implementation

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INTRODUCTION

This white paper was written in response to a request from Paul DiLorenzo, Casey Family Programs' Senior Director for Strategic Consulting, and Maryland's Department of Human Resources (DHR), to provide information regarding Alternative Response (AR). As DHR embarks on implementing AR statewide over the next year, the Advisory Council for AR Implementation is interested in learning about the ways in which other jurisdictions have designed and implemented their AR systems, different AR program models and evaluation methods, and how jurisdictions are communicating about their AR programs to staff and stakeholders. The paper will address the following key components (workgroup areas) of Maryland's AR program: Policy; Practice; Evaluation; and Community Partners, as well as the crosscutting areas of Communications and Lessons Learned. The intent of this paper is to provide a quick snapshot of the essential considerations that MD would find valuable while planning their implementation process and to help inform their policy and administrative decisions.

The information for the white paper was gathered from various publicly available state AR evaluations, reports, and national surveys, Casey Family Programs' (CFP) conversations with agency managers, as well as the CFP's 2011 Shared Learning Collaborative (SLC), a convening of seven child welfare agencies who shared their experiences around AR. The examples in the paper are not intended to be a comprehensive inventory of AR efforts or to be perceived as an endorsement of the best AR practices, but rather just a sampling of the variety of approaches that jurisdictions have utilized in their implementation approaches. Due to the scope of the paper, there are links provided in footnotes throughout the report for further information on each of the workgroup areas. In addition, there is a national map of AR initiatives and a matrix comparing implementation categories across ten jurisdictions included as appendices.

KEY COMPONENTS OF AR

Alternative response¹ (AR), "also referred to as differential response, dual track, or multiple track, is an approach that allows child protective services to respond differently to accepted reports of child abuse and neglect, based on factors such as the type and severity of the alleged maltreatment, number and sources of previous reports, and willingness of the family to participate in services."ⁱⁱ AR is an approach in which families with no immediate safety threats to children receive an assessment of their strengths, needs and challenges. These are often families that, under the traditional CPS model, would have been investigated and then had their cases closed without receiving further services. In AR systems, these families are referred to voluntary and accessible community services without being labeled as an abusive or neglectful family.

According to the National Quality Improvement Center on Differential Response (QIC-DR)ⁱⁱ, the core elements for alternative response include the following:

- There are two or more discrete responses to screened-in reports.
- Assignment protocols and criteria are based on assessment of risk, danger or other requirements.
- There is the capacity to reassign families to another pathway.
- The various responses are codified in statute, policy, or protocols.
- Families may refuse services in the non-investigation (assessment) pathway.
- There is no formal determination of whether maltreatment has occurred in the assessment pathway.
- Caregivers are not determined to be perpetrators and are not listed in a central registry.

¹ Alternative Response and Differential Response will be used interchangeably for the purpose of this report.

AR began in a few states in the early 1990s and has evolved over time as more and more states develop their own alternative response initiatives. According to a November 2011 reportⁱⁱⁱ, 14 states plus Washington, DC have implemented AR at a statewide level, while six states are currently operating a regional/local AR system. In addition, the study identified eight states (not including MD) that are currently planning or considering implementation of AR and three that have discontinued their AR program.

The following section captures the essential considerations for each of the key workgroup areas of Maryland's AR program, based on a series of questions posed by DHR.

Workgroup One: Policy

AR Assignment Criteria

Criteria for pathway assignment are based on department policy or enabling legislation and is often informed by level of risk, child maltreatment type, number of prior reports, age of child, and child/family characteristics. Generally, reports that are judged to represent low to moderate safety risk to the children are eligible for the non-investigation (assessment) pathway. Reports that allege sexual abuse, serious physical abuse, such as broken bones or internal injuries, fatalities, or near-fatalities, or other behaviors that could result in a felony prosecution, or that involve families with a chronic history with the child protection agency, are usually investigated. Reports involving neglect, improper supervision for older children, inadequate food and shelter, etc., are likely to be assigned to the assessment track.

Track Assignment Decision Process

The process for arriving at a track assignment decision has been put into practice in various ways. Some jurisdictions, such as Illinois and Missouri, require an individual hotline worker or caseworker to make this decision on their own or with a supervisor's approval. Other jurisdictions (LA County, Hawaii, Minnesota, and North Carolina) describe a more collaborative group or team process for arriving at a decision. The team approach often includes multiple staff, including case workers, supervisors, service providers, family members, among others. As might be expected, there is some evidence of regional variation in assignment to pathways within jurisdictions.

North Carolina identifies a joint decision made between a supervisory-level staff member and the intake worker, and if the family is known to the agency, this decision may be extended to previous caseworkers to obtain their perspective as well. Minnesota and Colorado have implemented the RED Team model (Review, Evaluate, and Direct), in which track assignment decisions are made daily as a collaborative team decision-making process.

Pathway Reassignment

In order to ensure safety of all children, AR programs allow for the reassignment to the investigation pathway of a report initially referred to the assessment pathway, while about fifty percent of jurisdictions allow a report to be reassigned from the investigation pathway to the assessment pathway if the case presents less risk than initially believed.^{iv} The percent of referrals that were reassigned to the investigative track from the assessment track varied from state to state but averaged between 2-4 percent for states that were surveyed.^v

Screening Tools

AR models utilize assessment tools, structured decision-making trees, or risk matrices to determine the most appropriate pathway. According to the Shared Learning Collaborative report^{vi}, “jurisdictions use one or more assessment tools for determining which pathway a family will be assigned to, and some of which have been tested for validity and reliability (such as Structured Decision Making). While the tools are often the same as those used in investigation, the DR approach looks and feels very different to families. Whereas traditionally the tools in the investigative track are used to gather evidence to substantiate a report, in DR, they are used to identify strengths and needs in keeping children safe.”

Kentucky’s intake process involves screening and assessing children’s risk and safety using The Continuous Quality Assessment (CQA).² The CQA consists of a checklist of risk factors and narrative screens with prompts to assist intake workers in assessing family functioning. North Carolina uses the North Carolina Family Assessment Scale (NCFAS)³ to assess the family’s level of functioning along several dimensions, including family environment, parent capabilities, family interactions, family safety, child wellbeing, social and community life, self-sufficiency, and family health.

Workgroup Two: Practice

Staffing Models

DR models vary in how they structure and organize staff around key AR functions. According to Shared Learning Collaborative participants, agencies must choose whether AR workers will be dedicated entirely to the AR track, or whether they will carry a mixed caseload. Most participants indicated they preferred maintaining purity of caseloads for each type, but acknowledged that this is not always possible, especially in rural areas with smaller agencies. Some states have implemented the One Worker/One Family model, in which one AR worker retains the case from the date it was accepted all the way through case closure. In other states, an AR worker completes the Family Assessment process and then transfers the case to an ongoing services unit if further services were needed.

Some states allow workers to self select whether or not to become AR workers in an effort to gain buy-in by staff. Illinois, for example, allows staff to volunteer to become an AR worker, based on seniority, for a temporary 12-18 month rotation; this approach exposes as many workers to AR as possible.^{vii} Tennessee allows for an override process where managers strategically place workers elsewhere, when needed.^{viii} Participants in the Shared Learning Collaborative described personal characteristics that managers look for which are more fitting with the AR approach, including flexibility, transparency, ability to engage with families, and the willingness to empower families to be part of decision-making.

Workforce Training

Training is an essential component to any systems level change effort and has been cited by other jurisdictions as critical to successful AR implementation. Suggestions for training strategies for caseworkers and supervisors place an emphasis on successfully engaging families, enhancing and understanding family dynamics and child attachment, and identifying family strengths.

² For more information on Kentucky’s assessment, see: https://apps.chfs.ky.gov/pandp_process/cqa_tipsheet.htm

³ For more information on North Carolina’s assessment, see http://www.nfnpn.org/images/stories/files/ncfas-r_scale_defs.pdf

Each jurisdiction has their own unique approach to training staff on AR, with some states training all levels of staff and others choosing to train only AR workers. Shared Learning Collaborative participants recommended exposing the entire agency to at least some level of DR training in order to gain staff buy-in. Ohio, for example, offers a half day training for all staff on the basics of AR and then two days of Process Training around procedures and Practice Training around family engagement strategies for AR workers.

Workgroup Three: Evaluation

Process and Outcome Evaluations Measures

AR has been or is currently being evaluated in 21 states in an effort to measure its effectiveness and value as an approach to serving low risk families.^{ix} Many states' evaluations included a process or implementation evaluation (with primarily qualitative measures), as well as an outcome or impact evaluation (primarily quantitative). The main purpose of a process evaluation for a new program is to see whether the new approach is being implemented as designed and intended, or why specific outcomes were not achieved.^x Examples of measures for this type of evaluation include: Family Measures, such as involvement in case decision making and treatment by workers; Worker Measures, such as attitudes towards AR and worker reports of cooperation and engagement by families; Organizational Measures, such as institutional buy-in and worker attitudes; and Community Partners Measures, such as service coordination and satisfaction with AR.

The goal of an impact or outcome evaluation is to examine what the new program caused to happen (i.e. what can be expected from this new intervention). Quantitative Measures for assessing AR outcomes include: Child and Family Measures, such as re-report within six months and removal rates; Agency Measures, such as direct costs of services and services utilization and Community Measures, such as service capacity and utilization of community resources.

Methodology

As described above, most AR studies included qualitative and quantitative components, which sought to capture measurable effects and perceived mechanisms for how those effects were arrived at. According to the QIC-DR, five states have utilized (or are currently using) an experimental design with random assignment for differential response evaluations (CO, IL, MN, NY, OH). Seven states have used a quasi-experimental design, including four states with matched-site comparison (AK, MO, NC, TX), and three states with matched family comparison (KY, NV, NY). Ten states have utilized a natural experiment, and two states' methodologies have included pre-post comparisons.⁴ Although few states have been able to conduct a rigorous cost analysis (MN, OH),⁵ such information can be especially desirable to stakeholders in reporting whether there were cost savings associated with the outcomes of the demonstration.

Evaluation Timing and Phases of Implementation

During the Shared Learning Collaborative, participants emphasized the importance of making modifications to data systems early in the implementation process. For those considering AR implementation, many states recommended speaking with their Information Technology department as

⁴For more information on methodology, see http://www.differentialresponseqic.org/resources/qic-dr_lit_review-version-2.pdf

⁵ Minnesota's 2006 Follow-up study: <http://www.iarstl.org/papers/FinalMNFARReport.pdf> and Ohio's 2010 Final Report: <http://www.iarstl.org/papers/OhioAREvaluation.pdf>

soon as possible. Ohio was able to integrate data system functionality alongside the implementation process, so that data systems were modified at the statewide level while individual counties were able to turn off AR functions until they were needed. As new counties joined the pilot implementation, they turned on new functions accordingly.

Many states developed new assessment tools for AR, and they were able to integrate these tools into their SACWIS systems, allowing system readiness to capture relevant measures before the evaluation period began. Illinois reported that substantial fiscal and human resources were devoted to the modifications made to the state's SACWIS system to support data collection and management.^{xi} They argue that jurisdictions should carefully consider the resources required for this purpose beforehand.

Workgroup Four: Community Partners

Key Partners

In the course of rolling out system reforms such as AR, Shared Learning Collaborative participants shared that the process benefits greatly from strategic allies in courts, law enforcement, and the legislature, as well as the private provider community. They also stressed that forming strong working relationships with partner agencies, such as TANF/Family Investment Administration (FIA), is important, since AR often links families with concrete services. Some states emphasized the value of capitalizing upon existing allies and when none are apparent, they recommend connecting judges and legislators with AR advocates from other states. In particular, they note that judges are most responsive when they hear directly from other judges, and law enforcement officers from other officers, etc. When advocating to potential allies, it can be important to understand the specific goals and incentives that guide certain professions. As a result, participants shared that judges would be interested in hearing how AR can lower court dockets and decrease recidivism, and legislators would be interested in hearing how AR offers potential to produce cost savings over time.^{xii}

Service Utilization

States report that AR allows them to reach and provide services to more families than had been possible under traditional child protective services. In addition to traditional services, case management and referrals to other agencies, AR families often receive practical help with immediate needs, such as with housing and utility bills, child care, transit passes, school clothes, eye glasses, rent deposits, etc. Under AR, the most typically utilized services are poverty-related services. Families assigned to the AR track tend to be lower-risk but poorer than investigative families. As a result, meeting their needs often requires basic services and supports related to low income and other financial stresses. In AR states, workers often develop an expanded understanding of what services mean for meeting a range of family needs. When possible, AR approaches also seek assistance from and within the natural support network of families, including extended families, neighbors, and churches.

Crosscutting Area: Communication

Community outreach and engaging partners is another essential piece of a successful implementation, according to the current literature on AR. Since maintaining the same level of child safety with AR can be a concern for some stakeholders, it is important to have a transparent and proactive approach to communication. Participants in conversations about AR implementation recommended launching an extended, consistent messaging campaign in multiple venues and to highlight the extensive research

findings about the effectiveness of AR in keeping children safe. Agency staff also stated that while community outreach efforts at the beginning of the pilot were impactful, ongoing communication is an even more critical element to keeping partners engaged.

Equally as important as an external messaging campaign is the development and implementation of an internal campaign to inform staff and other DHR partners about AR. Participants discussed that gaining internal staff buy-in around AR created a culture shift towards family engagement throughout the agency. Participants recommend offering agency wide training on AR, but if that is not possible, they suggested having administrators travel to local offices and share their vision of AR so that staff realizes that leadership is invested in the new approach. Further, mentoring opportunities such as county-to-county consulting were mentioned as an important way to institutionalize the DR approach.

An important element of Ohio's success was early and regular communication with all stakeholders throughout the process, at state and county levels.^{6xiii} Ohio counties engaged the community about AR through multiple avenues, including written communication (brochures and letters) to community partners; informational sessions and presentations offered in hospitals, schools and clinics; and a focus on outreach to the courts. They created an "AR Quarterly" newsletter to assist with this process at the state level, keeping stakeholders updated along the way.⁷ Illinois Department of Children and Family Services held town hall type meetings across the state and gave presentations about their AR program.

Crosscutting Area: Lessons Learned

While alternative response has many philosophical and practical advantages as an approach to addressing child maltreatment, it also presents challenges to CPS systems, which must make major shifts in practices and resource allocations to implement the new approach.^{xiv} Barriers to a full and successful implementation of AR include: powerful judges opposed to the approach (often due to child safety concerns), worker resistance, managerial resistance, obtaining community buy-in and capacity for service provision, lack of adequate funds and resources, inconsistent implementation and resource allocation issues across sites or regions, lack of fidelity to the AR practice model, inconsistent application of assessment protocols and tools, and SACWIS integration.⁸

Such stumbling blocks also point towards the importance of gaining strategic allies and communicating clearly and often to stakeholders about the basic design of AR systems. Note that several states that discontinued AR are currently planning new AR initiatives, as system improvements commonly go through fits and starts. Such can be the evolutionary life cycle of AR, whereby a pilot gains traction, encounters barriers, ends, and then after sustained focus from agency managers, AR is granted new energy.

ⁱ American Humane. (2010). Protecting Children: Differential Response. Retrieved on June 9, 2012, from: <http://www.americanhumane.org/children/programs/differential-response/about-differential-response.html>

ⁱⁱ National Quality Improvement Center on Differential Response in Child Protective Services [QIC-DR]. (2011). *Differential Response in Child Protective Services: A Literature Review, Version 2*. Denver, CO: QIC-DR. Retrieved on June 23, 2012 from: http://www.differentialresponseqic.org/resources/qic-dr_lit_review-version-2.pdf

⁶ For more information, see Casey Family Programs (2012). Casey Practice Digest Interview: A Conversation with Eric Fenner, Former Director of Franklin County Children's Services, Ohio, on DR Implementation. *Casey Practice Digest*, (1) 5-6.

⁷ For more information on Ohio's AR chronicle: <http://www.americanhumane.org/children/programs/differential-response/current-projects/ohio-alternative-response.html>

⁸ For more information on barriers, see in CFP's (2012b) Comparison of Differential Response Implementation Experiences.

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- ^{iv} National Quality Improvement Center on Differential Response in Child Protective Services. (2009). *Online Survey of State Differential Response Policies and Practices: Findings Reports*. Retrieved on June 12, 2012, from: <http://www.differentialresponseqic.org/assets/docs/qic-dr-findings-report-jun09.pdf>
- ^v Ibid.
- ^{vi} Guterman, Kai. (2012). *Shared Learning Collaborative on DR: Convening Summary*. Casey Family Programs.
- ^{vii} Casey Family Programs. (2011). *Differential Response in Illinois: Context, Planning and Implementation*. In draft form.
- ^{viii} Guterman, Kai. (2012). *Shared Learning Collaborative on DR: Convening Summary*. Casey Family Programs.
- ^{ix} National Quality Improvement Center on Differential Response in Child Protective Services [QIC-DR] (2011). *Differential Response in Child Protective Services: A Literature Review, Version 2*. Denver, CO: QIC-DR. Retrieved June 6, 2012, from: http://www.differentialresponseqic.org/resources/qic-dr_lit_review-version-2.pdf
- ^x National Quality Improvement Center on Differential Response in Child Protective Services [QIC-DR] (2011). *Differential Response in Child Protective Services: A Literature Review, Version 2*. Denver, CO: QIC-DR. Retrieved June 14, 2012, from: http://www.differentialresponseqic.org/resources/qic-dr_lit_review-version-2.pdf
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- ^{xi} Kearney, K.A., Fuller, T.L., Jones, W., and McEwen, E. (2012). Putting It All Together: Lessons Learned from the Planning and Development Phases of Implementing Differential Response in Illinois. *Protecting Children*, 26: 8-20. Retrieved June 6, 2012, from: <http://www.differentialresponseqic.org/assets/docs/protecting-children-2012.pdf>
- ^{xii} Casey Family Programs, 2012a cited above.
- ^{xiii} Casey Family Programs (2012). *Comparison of Experiences in Differential Response Implementation: 10 Child Welfare Jurisdictions Implementing DR*. Seattle, WA: Casey Family Programs.
- ^{xiv} Ibid