

Differential Response: Review and Summary of Research Evidence

Alan Puckett
Casey Family Programs

Presentation to the 8th
Annual Conference on
Differential Response

Vail, CO, October 25,
2013



casey family programs

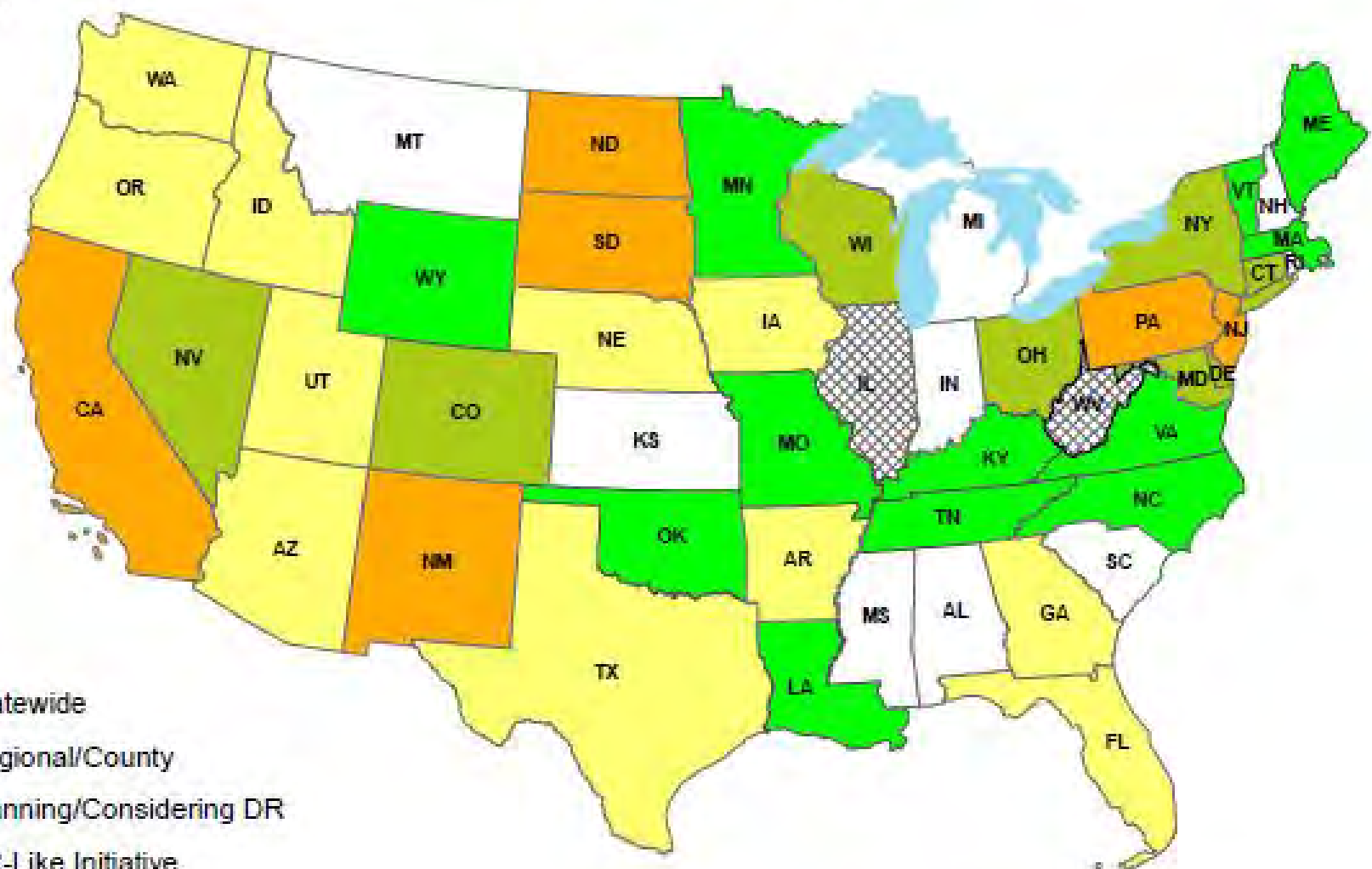
fostering families. fostering change®







Casey Family Programs Mission Statement

To provide and improve — and ultimately to prevent the need for — foster care



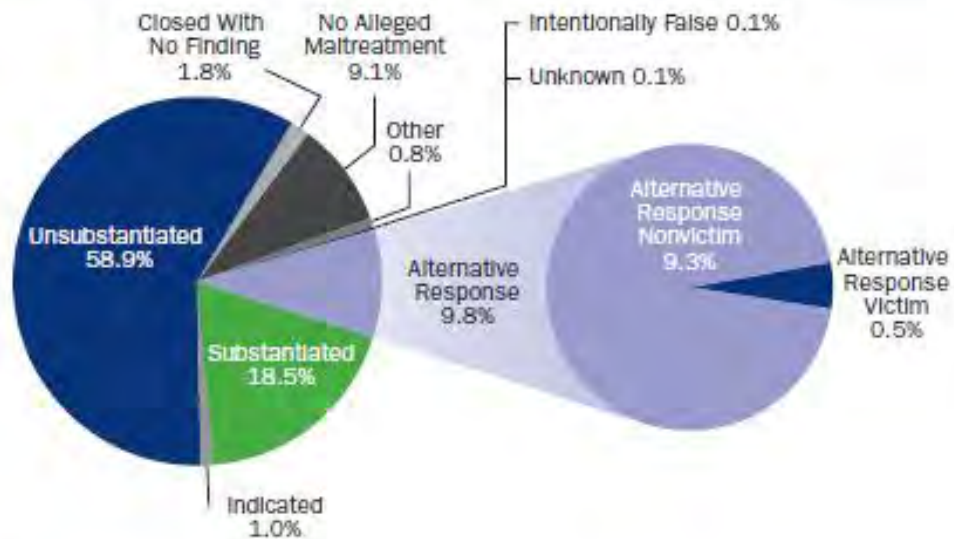
Differential Response by State as of 10/22/2013



-  Statewide
-  Regional/County
-  Planning/Considering DR
-  DR-Like Initiative
-  Discontinued
-  no data

CPS Referrals Tracked to AR/DR Nationally

Exhibit 3-A Children Who Received a CPS Response by Disposition, 2011 *(duplicate count)*



Based on data from table 3-1.

Source: Children's Bureau *Child Maltreatment 2011* report

Why Study Differential Response??

“The saddest aspect of life right now is that science gathers knowledge faster than society gathers wisdom.”

--Isaac Asimov

“Don’t bother me with the facts, son—I’ve already made up my mind.”

--Foghorn Leghorn



Research Supports Evidence-Based Practice, Which:

- Helps community providers understand what programs and interventions "work" (i.e., under what conditions, when, and why?) for diverse child welfare populations.
 - Michael A. Lawson, MS (former CEBC Advisory Committee Member)
Director
Parent Led Assistance Network
Community School Solutions of California, Inc.
North Highlands, CA
- Ensures that families are referred to the most effective and efficacious programs that the community provides.
 - Deborah Reeves, ASW (former CEBC Advisory Committee Member)
Humboldt County Mental Health, Clinician I
Eureka, CA
- Provides the ability to evaluate practices to ensure they meet the Federal and State targets for the outcomes of safety, permanency and child/family well-being.
 - Debby Jeter
Deputy Director
Family and Children's Division
San Francisco, CA

Why Study Differential Response?? (continued)

Several states have made AR/DR initiatives part of their Title IV-E Waiver Demonstration projects—which require an evaluation component:

- "Old" Title IV-E Waiver Demonstration Projects: California (Alameda, Los Angeles Counties) "Another Road to Safety" DR approach (2007- 2013)
- Current (~2013-2019) Title IV-E Waiver Demonstration Projects with AR/DR:
 - Arkansas: Differential Response—longitudinal, comparison group design testing effects on outcomes (CFSR measures) including entries to foster care, maltreatment recurrence. DR to be phased in statewide.
 - Washington: Family Assessment Response—matched case comparison group design testing effects on outcomes (CFSR measures) including entries to foster care, maltreatment recurrence. FAR to be phased in statewide.

So What is Differential Response, Anyway?

Differential Response, AKA:

- Alternative Response (AR)
 - Nevada, Ohio
- Family Assessment Response (FAR)
 - Missouri, Minnesota, New York, Colorado, Washington
- Multiple Response System
 - Kentucky, North Carolina, Tennessee

Definition(s): What is DR?

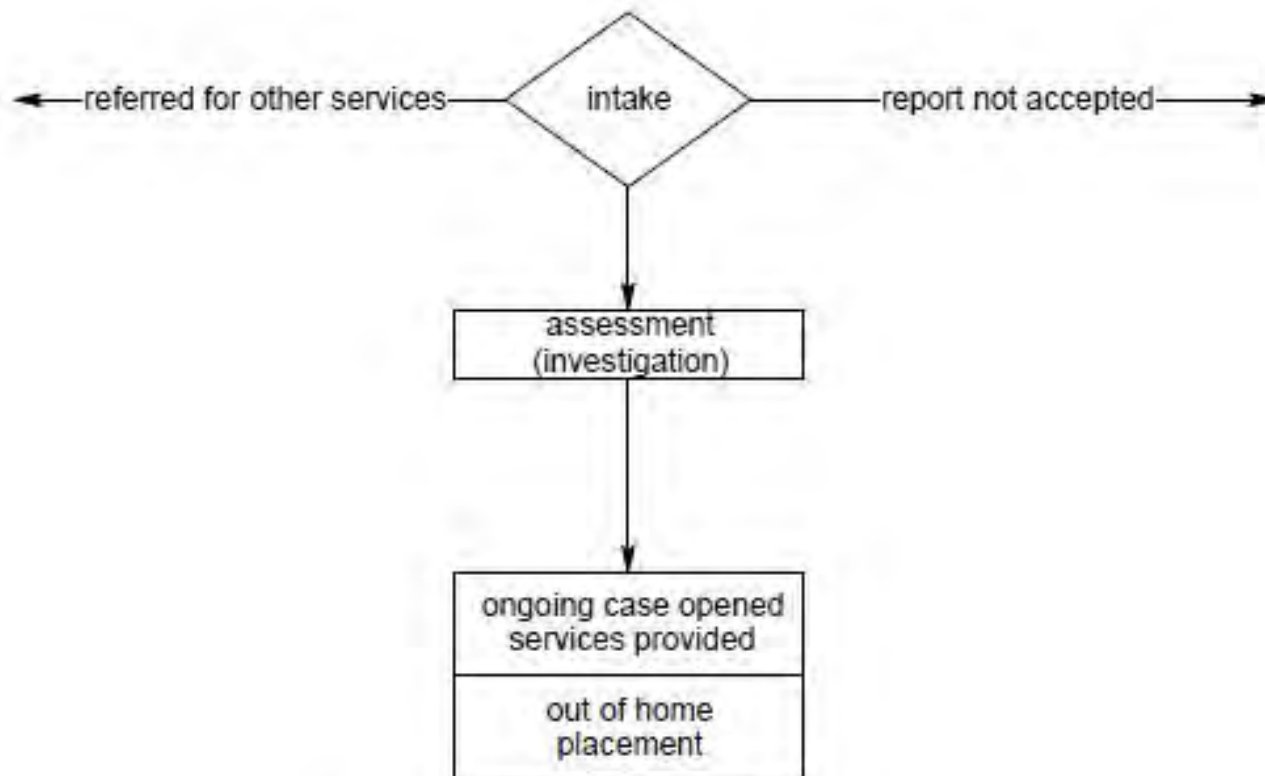
“Core Elements” (AHA/CWLA, 2006) of DR include:

1. Use of 2 or more distinct types of intervention;
2. Multiple types of responses for screened-in and accepted reports;
3. Assignment of response level based on assessed safety and risk levels and existing legal requirements;
4. Capacity to re-assign families to a different pathway as appropriate;
5. DR approach is codified in statute, policy, and/or protocols;
6. Families’ participation is voluntary as long as child safety not compromised;
7. No formal determination/finding of maltreatment for families in assessment pathway, and services not contingent upon such finding/determination;
8. No central registry perpetrator listing of assessment pathway participants.

--In practice, states’ AR/DR configurations vary significantly

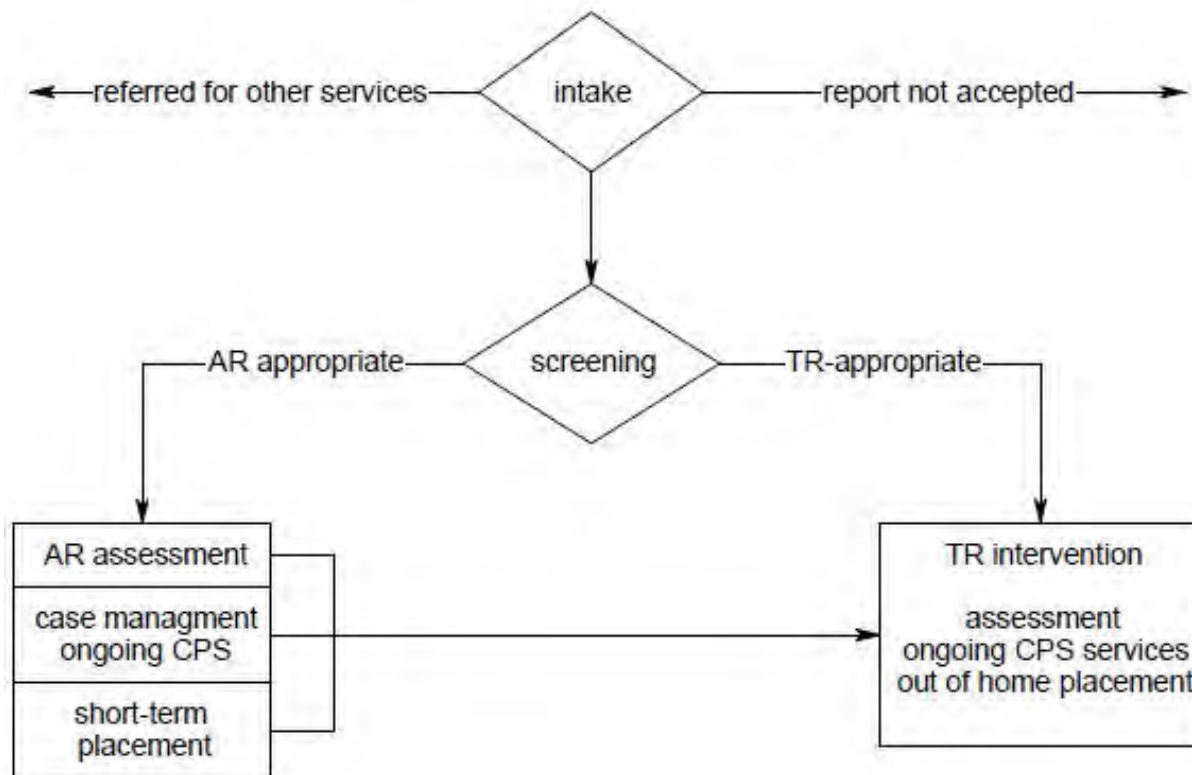


Example of Traditional CPS Response



Source: IAR MN AR Evaluation Final Report, 2004

Example of Differential Response



Source: IAR MN AR Evaluation Final Report, 2004

OH's Pilot: Path Assignment & Randomization

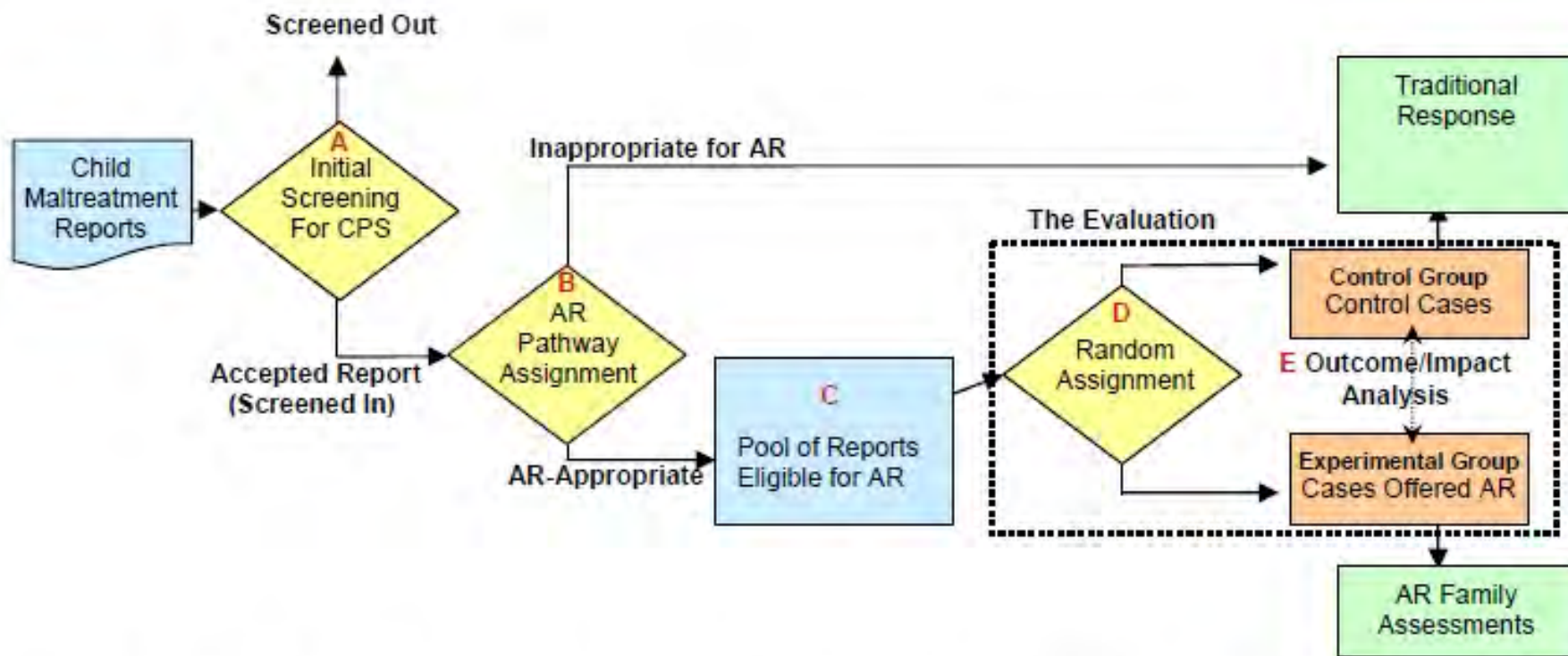
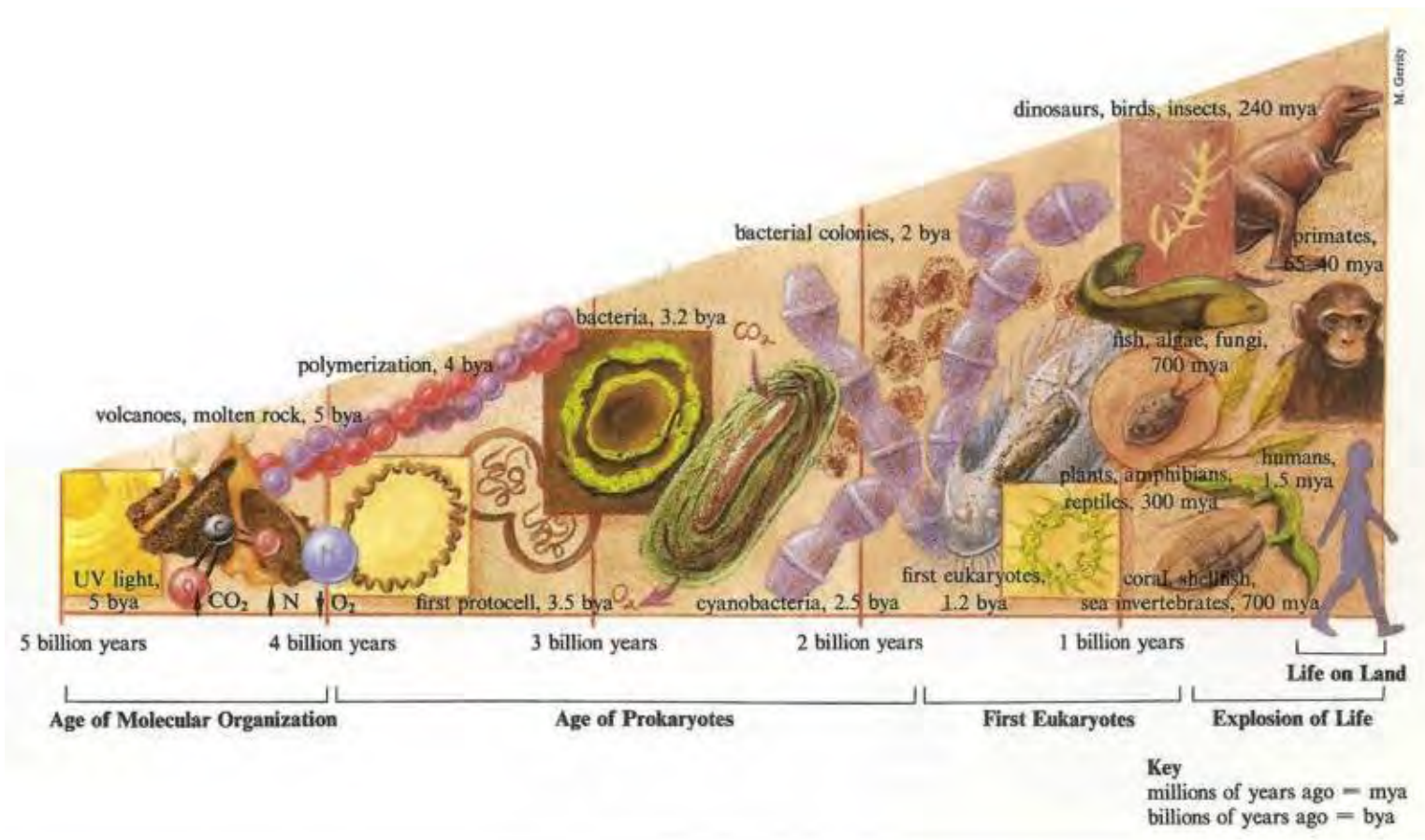


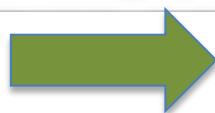
Figure 1.1. The Assignment Process for Alternative Response (AR) and the AR Evaluation.

Experimental (AR) group n=2285, Control (TR) group n=2244

Evolution of DR Research



WEAKER RESEARCH DESIGNS
 LESS EVIDENCE OF EFFECT




STRONGER RESEARCH DESIGNS
 STRONGER EVIDENCE OF EFFECT


Differential Response: the “Early Days”...




History of DR: 1993-1998

- In 1993, both Missouri and Florida passed legislation to allow implementation of DR in their child welfare systems.
 - By 2012, 20 states had implemented DR either statewide or in one or more regions / pilot sites, and DR was implemented within tribal jurisdictions in 5 additional states.
 - A number of additional states (e.g.: CA, NJ, NM, et. al.) have implemented similar initiatives which are not considered as “DR” programs *per se* according to criteria put forth by AHA.
- 

Florida's FSRS, 1994-1998

- FL's Family Services Response System pilot was implemented statewide during 1994 and 1995.
 - FSRS was expressly intended to be locally implemented in order “to reflect the interests and needs of local communities.”
 - Implementation and model fidelity varied between counties, leading some to be termed “high implementing” and others “low implementing” counties.
 - A 1996 USF-FMHI evaluation found general support of FSRS by investigators, districts, community stakeholders
- 

Florida's FSRS, cont.

- Better matching of initial (investigative) and final (court) child placement decisions in “high implementing” counties than in “low implementing” counties;
 - Increased rates of non-judicial case dispositions across both “high” & “low implementing” counties under FSRS;
 - Increased access to community services for families in “high implementing” districts
- 


Florida's FSRS, cont.:

- However, FL's Dependency Court Improvement Program raised concerns about inconsistent implementation of FSRS and about child safety, recommending a return to traditional protective investigations for all reports.
- FSRS was repealed by the FL legislature in 1998.
- In 2003, the FL Protective Investigation Retention Workgroup (PIRW) recommended piloting of an AR system. Pilots ran in 3 counties during 2008. A 2009 FL DCF report on the pilot recommended expansion of AR statewide.

History of DR: Missouri's FAR Pilot

- MO was one of the first to adopt DR, passing initial legislation in 1994 for a 2-year pilot.
- The legislation called for DR to be implemented in 5 DFS locations statewide.
- No additional funds (beyond business as usual) were allocated for DR start-up and implementation.
- Despite the limited authorization for 5 pilot locations, DR was implemented in 15 counties including part of the city of St. Louis during 1995-1997.

Missouri's FAR Pilot, cont.

- Assignment to DR or SR track was based on severity and nature of the reported allegations, but could be changed if appropriate after initial contact.
 - CPS staff in DR pilot counties were required to become “generalist” caseworkers so that assigned cases would remain with them throughout the life of the case.
 - A quasi-experimental research design was used for the evaluation study, with matched non-DR-pilot MO counties serving as the comparison group.
- 


Missouri's FAR Pilot, cont.

- *What did the data say?*
 - DR pilot counties used the assessment track with about 70% of all reports during the study period
 - Hotline reports decreased markedly in pilot counties over the course of the DR study
 - DR pilot counties showed fewer new subsequent reports among assessment families *with no evidence of any decrease in child safety.*
 - The difference between DR and comparison families in subsequent maltreatment reports, though statistically significant, was only about 3%.

Missouri's FAR Pilot, conclusion:

- Ultimately, MO implemented its DR approach statewide in 1999
- The state's early pilot study has been a model for subsequent DR initiatives in MN, OH, NY and elsewhere
- Among the most important lessons learned in MO:
 - Poverty and related issues are among the primary difficulties affecting many families referred to the CPS system;
 - The provision of basic, concrete services can help many families referred to the child welfare system to provide safe homes for their children.

Missouri's FAR Pilot: Implementation Notes


- According to Seigel (2012), caseworkers were asked to implement DR with no startup resources, and with advice but little training
 - It was clear from early on that lack of services limited the effectiveness of the DR approach in some areas
 - “Voluntary” was interpreted variously in different areas, and DR families were switched to the investigative track more quickly in some pilot areas than others
 - There were also model fidelity issues in some DR pilot counties, with caseworkers using an initial investigative approach even with cases assigned to the DR track
- 

History of DR: Minnesota's FAR Pilot

In 1999 the MN Legislature authorized counties to offer a non-investigative Alternative Response for reports not alleging substantial child endangerment.

- A 20-county pilot of Family Assessment Response began in 2001. 14 counties randomly assigned FAR-eligible families to receive the pilot intervention (n=2732) or a traditional investigation (n=1299) to evaluate effects of FAR.
- MN is a state-supervised, county-administered system. Counties implemented FAR in ways which reflect service system capacity and inter-agency working relationships at the local level.

MN's FAR Pilot, cont.

- Report screening and assignment to AR or investigative track is done at intake based on SDM Screening/Intake tool and MN policy. Track assignment may later be changed based on assessment info.
 - Many services are privatized, but county agency employees are responsible for screening & intake, and for completing investigations in TR cases.
 - FAR pilot counties had access to flexible funding to pay for post-assessment services for AR families. In many cases, the funds were used for concrete services—day care, blankets, transportation, etc.
- 

MN's FAR Pilot: *What did the data say?*

- FAR families had fewer new child maltreatment reports
- FAR families had fewer out-of-home placements
- Total costs were about 35% lower for FAR families (average of \$3688 vs. \$4967 for control group families) by the end of 2005 (3.6 years avg. follow-up period)

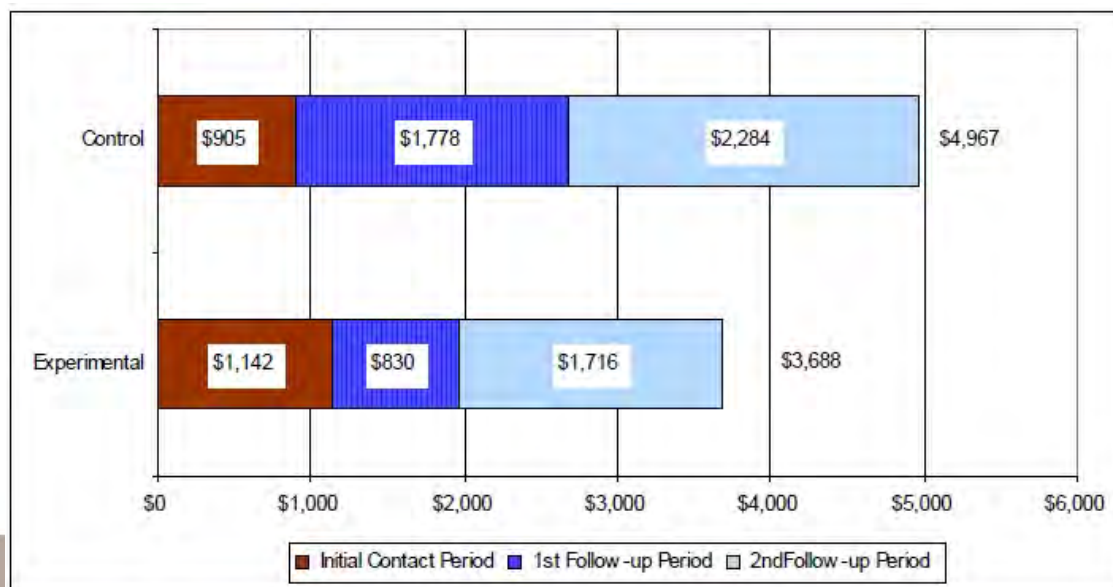




Figure 5.1. Mean Initial and Follow-up Costs of Experimental and Control Families

History of DR: Ohio's AR Pilot

- Ohio also has a state-supervised, county-administered child welfare system. Ohio's AR project was jointly initiated by the state Supreme Court and the state Department of Job and Family Services.
 - The American Humane Association, the Ohio Children's Trust Fund, and Casey Family Programs have also helped to support the OH AR pilot. As in Minnesota, the Institute of Applied Research (Tony Loman and associates) conducted the evaluation of OH's AR pilot.
 - In 2006, following advocacy by the Supreme Court's Advisory Committee on Children, Families and the Court, the Ohio Legislature authorized a 10-county pilot to test the application of AR.
- 

OH's AR Pilot: *What did the data say?*

1 YEAR AFTER BEGINNING THE PILOT STUDY:

- AR families had significantly fewer new accepted maltreatment reports than control group families
 - African-American and single-female-headed families who received AR benefitted more dramatically compared to control group counterparts
 - Families who received AR had significantly fewer subsequent child removals than control group counterparts
 - Costs were slightly higher for AR than control cases (\$1325 vs. \$1233)
- 

OH's AR Pilot: *What do the latest data say?*

5 YEAR EXTENDED FOLLOWUP REPORT (SEPTEMBER, 2013):

Compared to families in the control (TR) group, families in the experimental (AR) group

- Had significantly fewer reports of inflicted harm to a child;
- Had significantly fewer incidents of refusing access to the child or being found likely to flee;
- Had significantly fewer new accepted reports of maltreatment during the intervention period;
- Had fewer ($p=.055$) new accepted reports of maltreatment following case closure;
- Had significantly fewer new substantiated maltreatment reports following case closure;
- Had significantly fewer out-of-home placements during both the intervention and follow-up periods.*

OH's AR Pilot: *Latest data, cont.*

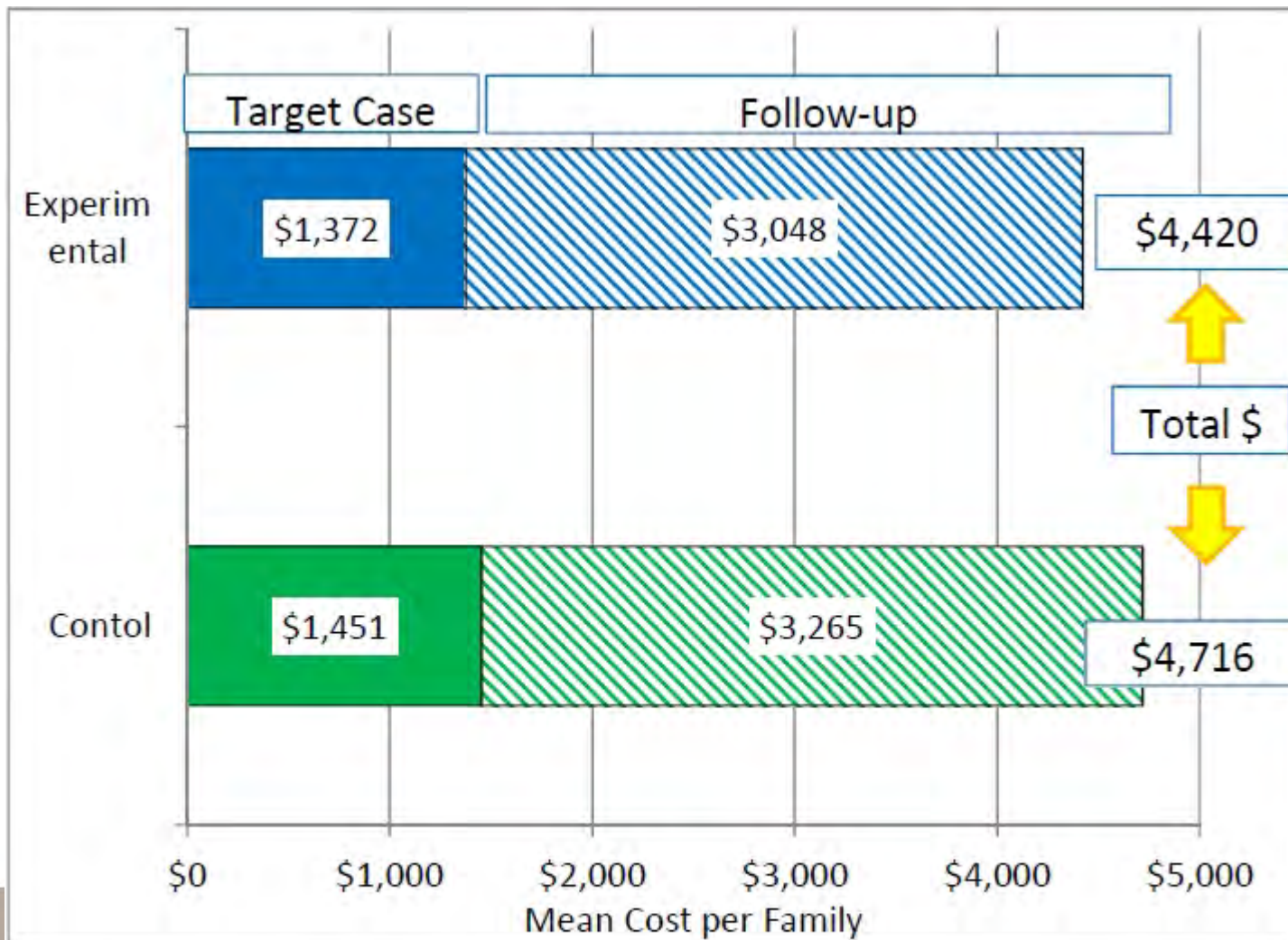



Figure 5.2. Mean Costs per Experimental and Control Family during Target and Follow-up and Total Mean Costs

Darnell & Fluke (2013) study

- Analyzed 2005-2010 NCANDS data from four states
 - County-level analysis controlling for geography, poverty, etc.
 - Measured difference in re-reporting for AR cases vs. IR cases, as a function of AR utilization
 - In counties with higher levels of AR utilization, the re-report rate increased significantly for AR cases relative to IR cases
- 

Controversy & Contentious Criticisms!

--An invited article in a social work journal during 2013 was broadly critical of existing DR research


--The article went beyond methodological criticisms to air ideological differences using a vitriolic tone

--A number of national child welfare scholars and other experts have published responses to the article



Controversy & Contentious Criticisms, cont.

Among the concerns/criticisms raised in the article:

- DR programs do not adhere to a uniform, standardized practice model.
 - Differences in track assignment process and in % assigned to AR/DR track.
 - Inconsistent data to confirm the safety of children served in alternative tracks.
 - DR programs appear to prioritize allocating services and resources for families in alternative tracks.
- 

Adding up the Evidence

--AR/DR implementations overlay existing jurisdiction policy frameworks and must mesh with other practice model elements, population demographics, service array, etc.

--So no two jurisdictions have implemented exactly the same AR or DR model

--While there are limitations in the degree to which existing AR/DR research can be generalized to other settings, existing studies, at a minimum, provide a great deal of useful information for jurisdictions considering AR/DR

Adding up the Evidence, cont.

- Well-designed AR/DR outcome studies have found that children in AR/DR tracks are as safe or safer than children in TR tracks, based on existing safety measures
- Many key concerns and issues raised about AR/DR research (eg: limitations in measuring child safety) apply equally to traditional CPS approaches
- Significant differences between AR/DR and comparison groups may take time (ie: 3-5 yrs) to become apparent
- Long-term studies in two states have found cost savings associated with AR/DR compared to TR. The OH 5-yr followup used estimated costs, not case-level cost data.

CEBC Currently Rates AR/DR as “Promising”



Alternative Response (AR) compare (?)


Scientific Rating:
3
Promising Research Evidence
See scale of 1-5

Child Welfare System Relevance Level:
High
See descriptions of 3 levels

Well-Supported ← → Concerning



Future DR Research: A few Ideas

- Additional RCTs, phased implementation, etc. designs
 - More extended followup studies tracking outcomes, costs
 - Identify “active ingredients” needed for best outcomes
 - Develop improved measures of child safety
 - Valid & reliable measures
 - Measure initial & subsequent severity
 - As independent as possible of administrative determinations (ie: substantiation, etc.)
- 

Thanks to the Kempe Center for hosting the conference at such a comfortable venue

“The towels were so thick there I could hardly close my suitcase.”

--Yogi Berra



casey family programs

fostering families. fostering change.

apuckett@casey.org

www.casey.org