The mission of American Humane, as a network of individuals and organizations, is to prevent cruelty, abuse, neglect, and exploitation of children and animals and to assure that their interests and well-being are fully, effectively, and humanely guaranteed by an aware and caring society.

For more information, visit www.americanhumane.org

The Child Welfare League of America is the nation’s oldest and largest membership-based child welfare organization. We are committed to engaging people everywhere in promoting the well-being of children, youth, and their families, and protecting every child from harm. We envision a future in which families, neighborhoods, communities, organizations, and governments ensure that all children and youth are provided with the resources they need to grow into healthy, contributing members of society.

For more information, visit www.cwla.org
NATIONAL STUDY ON DIFFERENTIAL RESPONSE IN CHILD WELFARE

BY:
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ABOUT THE AUTHORS

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For almost 20 years, through direct service, training, evaluation, and writing, Ms. Merkel-Holguin has tirelessly worked to improve the outcomes for vulnerable children and their families. She served as the lead editor of American Humane's Protecting Children volume on differential response and has enjoyed a productive partnership with the Child Welfare League of America (CWLA) in developing the national survey and compiling and evaluating the responses. She led the planning and organizing effort for American Humane's November 2006 National Conference on Differential Response in Child Welfare.

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Ms. Kaplan has specialized expertise in differential response, chronic neglect, maltreatment in foster care, the child protection and housing connection, and interdisciplinary collaboration and service integration. She has worked with professionals in housing, health care, education, law enforcement, and the judiciary to forge community-based partnerships with consumers, citizens, and child welfare agencies to prevent child maltreatment and better meet the needs of children and their families.

Previously, as Project Manager of CWLA's "Protecting America's Children: It's Everybody's Business," an initiative funded by the Freddie Mac Foundation, Ms. Kaplan managed and implemented a comprehensive, community-wide child protection reform initiative in Montgomery County, Maryland. Prior to joining CWLA in 1998, she served as Senior Associate for the National Association of Social Workers, where she provided technical consultation in social work policy and practice related to children, families, and schools. She has also worked for the American Public Human Services Association's National Commission on Child Welfare and Family Preservation, where she served as principal analyst and author of a comprehensive national study on public child welfare services and staff.

Ms. Kaplan has authored and co-authored a number of publications, including Making Children a National Priority: A Framework for Community Action (2003), CWLA Best Practice Guidelines: Child Maltreatment in Foster Care (2003), Children Missing from Care: An Issue Brief (2004), and CWLA Best Practice Guidelines: Children Missing from Care (2005). She received her master's degree in social work from the University of Michigan and is a member of the Academy of Certified Social Workers.

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The American Humane Association and the Child Welfare League of America (CWLA) appreciate the generous contribution of time and effort by the state respondents who participated in the survey for this national study. Without their commitment to this effort, this study would not have been possible.

In the development of the descriptive survey, we thank Carole Johnson, Child Protection Response Specialist, Minnesota Department of Human Services, St. Paul, and Robert Sawyer, MSW, LICSW, Director Child & Family Services, Olmsted County Community Services, Rochester, Minnesota, who helped the authors construct the questions. The leadership at both organizations, particularly, American Humane’s Sonia Velazquez, Vice President of the Children’s Services Division, and CWLA’s Kathy Barbell, Senior Vice President for Operations, and Dana Burdell Wilson, Vice President, Membership and Program Services, was instrumental in supporting the authors in completing this study. The authors also benefited from the capable assistance of the following American Humane staff: Adam Stern and Stefanie Vincent, Research Assistants; Myles Edwards, Ph.D., Director of Research; Ann Ahlers and Steve Nayowith, Editors; and Teresa Zeigler, Graphic Designer.

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INTRODUCTION

Throughout the United States, child protective services (CPS) agencies are responsible for receiving all reports of alleged child abuse and neglect. Federal, state, and/or local laws mandate that these agencies take some action as a result of each report (CWLA, 1999, p. 23). Approximately two-thirds of the reports they receive are accepted and thus require a determination of the safety, risk, and, optimally, the well-being of the child who is the subject of the alleged maltreatment.

Historically, these reports have received a traditional response—an investigation—with a primary focus on substantiating the allegations in the report. Faced with a large volume of reports, increasingly complex cases, and strained resources, CPS agencies have developed practices and policies to differentiate how particular cases are handled (U.S. Government Accounting Office, 1997). In addition to the reasons cited in the 1997 GAO report, another primary rationale for differentiating child abuse and neglect cases is child welfare systems' implementation of family-centered practice. Differential response achieves a core objective of family-centered practice by providing interventions that more closely match the severity of the concern being reported and by engaging families in the assessment process, which results in more balanced assessment and planning for children.

The child protection field is increasingly complex, with a plethora of laws, policies, and practices that guide professionals who have the responsibility for protecting children from abuse and neglect. Since the mid-1990s, an increasing number of states have been implementing differential response in their CPS systems. Differential response, also referred to as “dual track,” “multiple track,” or “alternative response,” is an approach that allows CPS agencies to differentiate their response to accepted reports of child abuse and neglect. Based on such factors as the type and severity of the alleged maltreatment, the number of previous reports, and the motivation and cooperation of the parent in addressing safety concerns, CPS intake systems using a differential response approach have multiple pathways for responding to accepted reports.

American Humane and CWLA use the term “differential response” to describe this approach being implemented by child welfare systems. This choice of terminology is influenced by the sentiments of Dr. Patricia Schene, independent consultant and former director of American Humane's Children's Services Division. Dr. Schene suggests that the term “alternative,” as opposed to “differential,” connotes: (1) that there are only two pathways, and differential response systems may have more than two pathways; and (2) that the alternative response has prioritized value over the investigation response. “Differential response” implies the identification of the most appropriate response to address the needs of the child and family.

While, as this study shows, there is great variation in state and county implementation of differential response, generally, low- and moderate-risk cases receive a non-investigation assessment response without a formal determination or substantiation of child abuse and neglect. A number of research studies document that families receiving the non-investigation assessment response are more likely to be receptive to, and engaged in, the receipt of services when approached in a non-adversarial, non-accusatory way. The incident-based—often perceived as adversarial—investigation is reserved for those accepted reports that are high-risk and egregious.

Building on the federal government's 2003 National Study of Child Protective Services Systems and Reform Efforts, between 2005 and 2006, American Humane and CWLA partnered to conduct a study of differential response in child welfare. This study also builds on American Humane's Differential Response in Child Welfare issue of its journal Protecting Children, released in December 2005. The journal, with CWLA staff and others possessing bountiful knowledge in differential response serving as content reviewers, filled an existing literature void and disseminated cutting-edge knowledge from practice, philosophical, policy, and research perspectives on differential response. Specifically, the volume discusses the use of differential response with varying case characteristics, evaluative findings, community- and state-specific lessons surrounding implementation, and the practice, policy, and data implications of moving forward with integrating this approach in CPS. It is the intention of American Humane and CWLA that this 2006 National Study on Differential Response in Child Welfare also will make a significant contribution to the literature and, ultimately, to supporting communities in implementing differential response.

In addition to this study and the Protecting Children journal, American Humane convened the 2006 National Conference on Differential Response on Nov. 13-14, 2006, in San Diego. Guided by a steering committee of distinguished national and state experts in the area of differential response, the conference provided an additional platform for gleaning and sharing more information to advance systems through this approach.
This 2006 conference has been influenced by two major events on differential response. The first was the August 2002 Conference on Differential Response that was sponsored by the Minnesota Department of Human Services and the McKnight Foundation. The second is the California Breakthrough Series Collaborative (BSC) on Differential Response—a large-scale training and technical assistance effort initiated by the California Department of Social Services (CDSS) and the Foundation Consortium—in which 43 county child welfare agencies opted to participate in 2003. A BSC is a method, launched nationally by Casey Family Programs, to achieve system change in the child welfare field. In a BSC, small-scale practice changes are rapidly tested to achieve system-wide improvements in a short period of time. These small-scale steps of change often go through multiple cycles of modification, and those that prove successful on a small scale are then spread throughout a larger segment of the organization. Over the course of two years, a 16-member team of national experts on differential response provided intensive support to teams from participating counties. County teams tested more than 300 small changes, primarily in the areas of broader response, family engagement, and community partnering.

**METHODOLOGY**

**Defining Differential Response**

Differential response is an approach that allows CPS to respond differently to accepted reports of child abuse and neglect. According to CWLA Best Practice Guidelines: Child Maltreatment in Foster Care (2003), “this approach recognizes the variety in the nature of reports and that one approach does not meet the needs of every case.” The U.S. Department of Health and Human Services (2003a) expounds on that description, stating that alternative response is a “a formal response of the agency that assesses the needs of the child or family without requiring a determination that maltreatment has occurred or that the child is at risk of maltreatment” (as cited in U.S. Department of Health and Human Services, 2005, p. xii). CWLA, in two publications¹, underscores the definition by stating, “The use of differential responses allows agencies to provide services to some families without a formal determination of abuse or neglect.” CWLA (2005) further states that those families receiving the non-investigatory response within a differential response system also are not “labeled as a perpetrator and are not listed in the state’s central child abuse registry. This approach minimizes the stigma of being reported to CPS.”

With the great variation among the states’ and counties’ definitions and implementation of differential response, CWLA and American Humane identified core elements in an attempt to achieve definitional clarity and distinguish among the multitude of child protection reforms across the nation’s state and county child welfare systems. These core elements were used not only as a guide to determine the categorization of practices for the profile listing, but also to support the descriptive survey questions. These core elements include:

1. The use of two or more discrete responses of intervention.
2. The creation of multiple responses for reports of maltreatment that are screened in and accepted for response.
3. The determination of the response assignment by the presence of imminent danger, level of risk, the number of previous reports, the source of the report, and/or presenting case characteristics, such as type of alleged maltreatment and age of the alleged victim. Typically, accepted reports categorized as low- or moderate-risk are assigned to the non-investigation assessment response.
4. The ability to change original response assignments (either decreased or elevated) based on additional information gathered during the investigation or assessment phase. An increase or decrease in threats of harm or risk level can trigger a change in “response assignment.”
5. The establishment of multiple responses is codified in statute, policy, and/or protocols.
6. The ability of families who receive a non-investigatory response to accept or refuse the offered services after an assessment without consequences (i.e., services are voluntary).
7. The perpetrators and victims are not identified when alleged reports of maltreatment receive a non-

investigation assessment response, and services are offered without a formal determination of child maltreatment (i.e., substantiation).

8. The differential use of the central registry, depending on the type of response. The name of the alleged perpetrator is not entered into the central registry for individuals who are served through a non-investigation assessment response pathway.

**Survey Respondents**

In gathering the state and county profiles, American Humane and CWLA identified a group of key informants as survey respondents based on published and unpublished literature on differential response and the network of state and county leaders engaged in this approach. This resulted in 27 states and 2 counties participating in this part of the survey. The profiles contained the following information: (1) title of model/referent; (2) contact information; (3) origins; (4) description; (5) evaluation/results; (6) future plans; (7) impact on front-line practice; and (8) implementation challenges. This part of the survey was completed with the support of the Everett Public Service Internship Program. The majority of the profiles present a snapshot of differential response in the summer and early fall of 2005. In an effort to ensure comprehensiveness, American Humane sent letters to the Child Welfare Office in the states that had not been profiled, inquiring if their state and/or any counties were engaged in differential response. Because the implementation of differential response and other innovative practices in CPS is a dynamic process and the majority of the profiles were finalized in summer 2005, some of the information in the profiles may not reflect current conditions.

The profiles were completed in one of two ways. For the majority of profiles, CWLA interviewed the state/county respondents, requested background material on their work, and drafted the profiles, using the categories listed above. The profiles were then reviewed by the state/county respondents and CWLA and American Humane staff. Modifications to the profiles occurred with the state/county respondents “approving” the final profiles found in this compilation. Alternatively, a few states drafted their own profiles, based on the survey categories, and a similar process of review and modification ensued.

The descriptive survey, based on the American Humane/CWLA definition of the core elements of differential response and the profile respondents’ input, was sent to 20 states/counties in April 2006. Fifteen states/counties responded. Four states and one county deemed that their innovative practices did not meet the majority of the core elements, and therefore, opted out of the descriptive survey. Information in this study on state's differential response approaches reflects the data that was collected in the Spring of 2006.

The descriptive survey was composed of 17 questions that were nominal and mutually exclusive. The purpose of this survey component was to provide a national portrait of differential response, using consistent, categorical information complementing the profiles. A copy of the survey is located in Appendix A.

**REPORT FORMAT**

This report is divided into three main sections:

1. **National Overview.** This section provides the summative results of the descriptive survey on differential response to which 15 states/counties responded, as well as some examples of implementation strategies gleaned from the profiles. The descriptive component measured a variety of programmatic components, including the number of discrete response pathways, response pathway assignment decisions based on reporting source, age of child, number of previous reports, guiding protocols, voluntariness of services, and the differential use of the central registry.

2. **State and County Profiles.** In aggregate, these state- and county-specific profiles provide a national perspective that illuminates the variability in the implementation of differential response in child welfare. Additional state and county profiles illustrate other innovations being undertaken by child protection and child welfare systems.

3. **Appendices.** This section contains a copy of the descriptive survey and the bibliography on differential response.
SECTION 1. NATIONAL OVERVIEW

Between April and October 2006, American Humane and CWLA conducted a national survey of states to further refine and supplement the information received from states described in the qualitative profiles provided in this report. The main purpose of the survey was to collect information on consistent data elements across the states so that relevant comparisons of approaches to differential response could be made.²

Key informants in states were asked to respond to the 17-item survey (Appendix A) if their practice approach was consistent with the following definition of differential response established for this survey:

Differential response, also referred to as “dual track,” “multiple track,” or “alternative response,” is an approach that allows CPS to respond differently to accepted reports of child abuse and neglect. The U.S. Department of Health and Human Services (2003a) expounds on that description, stating that alternative response is “a formal response of the agency that assesses the needs of the child or family without requiring a determination that maltreatment has occurred or that the child is at risk of maltreatment” (as cited in U.S. Department of Health and Human Services, 2005).

As a result of this conditional requisite, numerous states that had submitted state qualitative profiles “opted out” of responding to the quantitative/categorical survey as their chiefs/lead administrators indicated that their practice did not coincide with this definition of differential response (e.g., California, Michigan, and Iowa³). These states and jurisdictions are implementing innovative child protection reforms and promising practices and are profiled in Section 2, State and County Profiles.

Given this definitional specificity, categorical information has been collected and aggregated on 15 states. Each of the 17 survey items is detailed in accordance with the item responses. The state respondents’ answers to all 17 questions can be found in Table 1, which provides a national portrait from which several patterns in the states’ implementation of differential response in child welfare can be identified.

² American Humane/CWLA thank Carole Johnson, Child Protection Response Specialist, Minnesota Department of Human Services, St. Paul, and Rob Sawyer, Director, Child & Family Services, Olmsted County Community Services, Rochester, Minnesota, for their contribution to the development of this national survey.

³ When American Humane/CWLA initiated this work with the preliminary development of state profiles in the summer of 2005, it appeared as if more than half of the states had embraced some variation of a differential response approach. With further examination, explication from the states as to the nature of their practices, and definitional clarity, the authors were able to “sort” these varied approaches into four groups: (1) differential response – statewide; (2) differential response - multiple jurisdictions within the state; (3) differential response – defunct; and (4) other “front-end” innovation in child protective services. From this universe, 15 states (AK, FL, HI, KY, LA, MN, MO, NC, OK, PA, TN, VA, WA, WV, and WY) whose approach is consistent with differential response as defined above, were identified.
### Differential responses system includes a formal response for screened out reports

- **Scope of implementation:** Assignment of case to assessment or traditional response pathway depends on various criteria.
- **Assignment to the assessment response pathway:** Limited by maltreatment category.
- **Assignment to the assessment response pathway:** Limited by source of the reporter.
- **Assignment to the assessment response pathway:** Limited by the age of the child.
- **Assignment to the assessment response pathway:** Limited by the number of previous reports of alleged maltreatment.

### Table 1. Responses by State

<table>
<thead>
<tr>
<th>State</th>
<th>Number of response pathways for accepted reports of child abuse and neglect</th>
<th>Differential response system includes a formal response for screened out reports</th>
<th>Scope of implementation</th>
<th>Assignment of case to assessment or traditional response pathway depends on various criteria</th>
<th>Assignment to the assessment response pathway is limited by maltreatment category</th>
<th>Assignment to the assessment response pathway is limited by source of the reporter</th>
<th>Assignment to the assessment response pathway is limited by the age of the child</th>
<th>Assignment to the assessment response pathway is limited by the number of previous reports of alleged maltreatment</th>
<th>The assessment response pathway can be used when a child is placed in foster care</th>
<th>The assessment response pathway can be used in cases involved with the juvenile dependency court</th>
</tr>
</thead>
<tbody>
<tr>
<td>AK</td>
<td>2</td>
<td>No</td>
<td>Multiple sites</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>FL</td>
<td>2</td>
<td>Yes</td>
<td>Multiple sites</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
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<tr>
<td>HI</td>
<td>3</td>
<td>No</td>
<td>Statewide</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
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<td>No</td>
<td>No</td>
<td>Yes</td>
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<td>Yes</td>
</tr>
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<td>Multiple sites</td>
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<td>Yes</td>
<td>No</td>
<td>No</td>
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<td>Statewide</td>
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<td>Yes</td>
<td>No</td>
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<td>Yes</td>
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<tr>
<td>State</td>
<td>Initial response assignments can be reassigned (from non-investigation assessment to investigation) based on additional information gathered during the assessment phase and/or situational changes during the life of the case</td>
<td>Initial response assignment can be reassigned (from investigation to non-investigation assessment) based on additional information gathered during the investigation process and/or situational changes during the life of the case</td>
<td>State mandates differential response, in statute</td>
<td>State has practice/policy protocols that formally guide the implementation and/or practice of differential response</td>
<td>There is no substantiation of alleged maltreatment for families served in a non-investigation assessment response</td>
<td>The name of the alleged perpetrator is entered into a central registry for those individuals who are served through a non-investigative assessment response</td>
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<td>WY</td>
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<td>Yes</td>
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</tbody>
</table>
Footnotes for Table 1

4 There are two response pathways only in the communities that have differential response grantees.
5 As of 2005, the Florida Department of Children and Families began a 2-year process of designing and developing its alternative response system. Therefore, the responses to the survey questions reflect the implementation team's thinking in October 2005 and could change as implementation continues.
6 While it is not the specific number of reports that triggers an investigation, typically multiple reports enhance the risk and safety concerns, and previous reports are used as one factor in determining the appropriate pathway.
7 Minnesota has a third pilot response pathway (in 38 of 87 Minnesota counties) for screened-out reports.
8 Reports other than those of sexual abuse go to the “family assessment response” if the allegations, if found to be true, would not constitute a law violation.
9 Age is only one criterion that influences pathway selections.
10 If a report is screened as a “family assessment” has three or more prior calls to the hotline with the same abuse or neglect type, staff have the option to upgrade to the “investigation response” pathway. This decision is made on the basis of how the agency can best serve the family.
11 Only true for children under the age of 1 who have allegedly been shaken or subjected to corporal punishment.
12 Three previous reports disqualify assignment to a non-investigation assessment response.
13 The only exception is corporal punishment when it does not involve injury with an older child and older children who do not have adequate supervision.
14 Three previous reports within the year disqualify assignment to a non-investigation assessment response.
15 Except if the case was taken into protective custody.
16 Low-risk referrals go to Alternative response (risk tag 1,2) and moderate- to high-risk referrals are assigned for traditional investigation (risk tag 3,4,5).
17 Any child under the age of 6 is not eligible to be served through the non-investigation assessment response.
18 Any child under the age of 6 is not eligible to be served through the non-investigation assessment response.
19 Currently under development (October 2006).
20 Currently, the workgroup's recommendation will be that the name of the individual will be entered in the system, but the role will not indicate an “alleged perpetrator” role.
21 After completion of the investigation, it can be assigned as a general protective services case if it has been determined that child abuse was not committed.
American Humane and Child Welfare League of America
National Study on Differential Response in Child Welfare

Number of Response Pathways
For the majority of states (13 of 15), the implementation of differential response is indeed a dual-track response system. With the sole exceptions of Wyoming (three discrete tracks: prevention, assessment, and investigation) and Hawaii (three discrete tracks based on safety and risk levels: Family Strengthening Services [FSS] - low risk; Voluntary Case Management Services [VCM] - moderate risk; and Child Welfare Services assessment/investigation - high risk/safety concerns), each of the respondents indicated that there are two discrete response pathways to screened-in and accepted reports of child maltreatment. Although the names of the pathways and the criteria for the assignment vary across states (see discussion herein), the two response pathways can be identified as the traditional investigative response and the assessment response.

Formal Response to Screened-Out Reports
Slightly less than half of the respondents (7 of 15: FL, KY, MN, MO, TN, WA, and WV) indicated that the differential response includes a formal pathway for reports of child maltreatment that are screened out of CPS. In most of these states, families are linked to assessment and/or services in the community through expanded partnerships with local organizations. In Minnesota, 38 counties are participating in a formal statewide pilot serving families whose child maltreatment reports are screened out. Kentucky has two response pathways for screened-out reports (law enforcement and resource linkage).

It is important to note that numerous state innovations which do not meet the definitional requisites of differential response provide pathways and/or referrals to community-based, voluntary services for families in need. Examples include California (Path #1 - Community Response), Indiana (Community Partners for Child Safety), New Mexico, and Wisconsin. The provision of preventive and support services and strategies allow these jurisdictions to address the needs of families and their children before risk levels escalate to the point where reports of alleged maltreatment are screened in to the child welfare agency. These approaches are central to the establishment of community-based child protection systems.

Scope of Implementation
Eleven of the 15 respondents (HI, KY, MN, MO, NC, OK, PA, TN, VA, WA, and WY) indicated that there is statewide implementation of their differential response approach. Four states (AK, FL, LA, and WV) indicated that implementation occurs in multiple jurisdictions, but not statewide. In Florida, the lack of statewide implementation is attributable to the newness of the differential response implementation, which began in summer 2005. Thus, there is a “phase-in” of the approach prior to statewide implementation. In Louisiana and Alaska, there is selective implementation of the differential response approach. Sometime during 2007, West Virginia plans to sunset its differential response pathway. Due to the rural nature of the state, there is an ongoing challenge to obtain sufficient providers to service all areas of the state.

CASE ASSIGNMENT TO DIFFERENTIAL RESPONSE
All respondents indicated that assignment to either the traditional investigation response or the non-investigation assessment response is based on specific criteria, including the type of alleged maltreatment, the age of the child, and the number of previous reports. These criteria and the corresponding findings are described below.

State respondents identified their use of various criteria (child’s age, number of previous reports, precipitating factors, exposure to domestic violence or substance abuse, etc.) to determine a child’s risk level; it is the risk level that is a determinant in the response pathway assignment. In most states, cases of low to moderate risk are eligible to be served through the non-investigation assessment response. Some states also reported that families’ voluntary requests for services are served through the assessment response. For example, in Kentucky, when a social worker receives a voluntary request for assistance from an individual where a previous history exists and there is a low risk for abuse, neglect, or dependency, the social worker may take the request as an assessment. Conversely, high-risk cases and cases of imminent danger are served through the traditional, investigatory pathway.
Maltreatment Categories
Some types of maltreatment categories are excluded summarily from the assignment to assessment response. There are frequent case-specific determinations in which particular types of maltreatment may be precluded from assignment to the assessment response given the level of risk, worker discretion, and consultation with the supervisor. This highlights the complexity inherent in any assignment schema as well as the importance of flexibility in making these determinations, given the specific circumstances of a family and their children in any particular case. These details are captured in Table 2.
Table 2. Types of Maltreatment That Cannot Be Assigned to Non-Investigation Assessment Response

<table>
<thead>
<tr>
<th>State</th>
<th>Sexual abuse</th>
<th>Serious physical injury/abuse</th>
<th>Serious neglect</th>
<th>Serious mental injury</th>
<th>Death as a result of child abuse and neglect</th>
<th>Abandonment</th>
<th>Medical neglect</th>
<th>Drug-exposure infant</th>
</tr>
</thead>
<tbody>
<tr>
<td>AK</td>
<td>X</td>
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<tr>
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<tr>
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<tr>
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</tbody>
</table>

22 Neglect reports that involve the child's access to a deadly weapon.
23 Neglect reports involving malnutrition, failure to thrive, medical neglect, or failure to provide medical care due to religious reasons.
24 Cases cannot be assigned to the non-investigation assessment pathway unless there is another caretaker who is caring for the child.
25 Other than cases that involve sexual abuse allegations, the other forms of maltreatment marked with an “X” in this chart typically result in an investigatory response; however, there is worker discretion to select the appropriate pathway.
26 Reports of a child being hit and/or bruised in critical areas of the body (head, face, neck, genitals, abdomen, kidney areas) are accepted for investigation.
27 In assessing a report of physical abuse, the social services worker refers to the CPS Multiple Response Matrix and considers: the age of the child; self-referrals from parents or guardians who state they are unable to cope or feel they may hurt their children; allegations of bizarre, cruel, or unusual forms of punishment or discipline (e.g., inappropriate restraint, forcing a child to consume non-food items, or excessive confinement); and whether the child expresses fear of his current circumstances. The social services worker explores the circumstances and the reasons for the fear.
28 Investigation is required for murder in the 1st, 2nd, and 3rd degree, whether it is a child or adult victim connected to the allegation.
29 If allegations are found to be true, and it would constitute a law violation, an investigation response would be required.
30 If a report is received alleging sexual abuse by a perpetrator who does not meet the statutory definition of a caretaker, there are instances when a county might accept that report for Inappropriate Supervision by the parents. If a report is accepted for assessment under this circumstance, it is eligible to be assigned to the Family Assessment response pathway. This decision would be made by each county.
31 Cases where a child has died and there is a surviving child in the home.
32 Medical neglect of disabled infants with a life-threatening condition.
33 For cases of abandonment, other case-specific circumstances would be assessed to determine the appropriate response pathway. Cases of abandonment are not automatically precluded from receiving the General Protective Services response.
34 If it is determined that the child has not been provided medical or surgical care because of seriously held religious beliefs consistent with a bona fide religion, then the child cannot be deemed abused but would be referred under General Protective Services.
35 Cases of abandonment and serious neglect (Priority 1 levels) will be served through the assessment pathway with a response time of 3 hours.
36 Positive drug screen at birth for either mother or infant.
37 Other than cases that involve sexual abuse allegations, the other forms of maltreatment in this chart typically result in an investigatory response; however, there is worker discretion to select the appropriate pathway.
38 Cases of serious neglect are not automatically precluded from assignment to the non-investigation assessment response, but with the presence of other risk factors, may be assigned to the investigation response.
39 Cases of medical neglect are not automatically precluded from assignment to the non-investigation assessment response, but with the presence of other risk factors, may be assigned to the investigation response.
All 15 state respondents, with qualifications noted where applicable, indicated that sexual abuse reports cannot be assigned to the non-investigation assessment response. Similarly, all 15 states indicated that serious physical injury/abuse or cases where there has been a child death connected to a report of abuse and neglect cannot be assigned to the non-investigation assessment response pathway. Ten of the 15 respondents (FL, HI, KY, LA, MO, OK, PA, VA, WA, and WV) identified serious neglect as a type of maltreatment that cannot be assigned to the non-investigation assessment response. Slightly less than one half of the state respondents (7 out of 15: HI, KY, PA, TN, VA, WA, and WY) indicated that there can be no assignment to the non-investigation assessment response where there is serious mental injury. Slightly more than one half of state respondents (8 out of the 15: HI, KY, MN, NC, PA, VA, WA, and WV) reported that cases of abandonment cannot be assigned to the non-investigation assessment pathway. Six states (FL, KY, MN, NC, PA, and WV) preclude cases of medical neglect, and four (KY, OK, TN, and WV) prohibit cases that involve drug-exposed infants to be assigned to the non-investigation assessment response.

**Other Reasons for Families Not Being Referred to the Non-Investigation Assessment Response**

Numerous respondents indicated additional reasons for restricting a family's assignment to the non-investigation assessment response pathway. Table 3 provides examples, by state, of some of the common factors that preclude assignment to the assessment response pathway. Because the survey did not ask states to list all restrictions for assignment to the assessment response pathway, the information in Table 3 should be viewed as illustrative of a number of states' guidelines, but not be seen as an exhaustive list. The states not listed in this table may have additional or similar criteria that include: methamphetamine activity; institutional reports of abuse/neglect; reports involving domestic violence; significant child endangerment; and other state-specific criteria.
### Table 3. Examples of Other Reasons for Families Not Being Referred to the Non-Investigation Assessment Response

<table>
<thead>
<tr>
<th>Known or suspected methamphetamine lab activity</th>
<th>Alaska and North Carolina</th>
</tr>
</thead>
<tbody>
<tr>
<td>Institutional reports of abuse/neglect</td>
<td>Florida [.................] Institutional reports of abuse, neglect, or abandonment.</td>
</tr>
<tr>
<td>Kentucky [.....................] When a child who is suspected of being abused, neglected, or dependent resides in a Department of Juvenile Justice (DJJ) facility, the social services worker forwards the report to DJJ, and DJJ conducts the investigation.</td>
<td></td>
</tr>
<tr>
<td>Minnesota [.................] Licensed child facilities, foster care, and family child care.</td>
<td></td>
</tr>
<tr>
<td>North Carolina [.................] Any reports on child care institutions or homes.</td>
<td></td>
</tr>
<tr>
<td>Oklahoma [.....................] Reports involving child care facilities and foster homes involving injury.</td>
<td></td>
</tr>
<tr>
<td>Virginia [.....................] Designated out-of-family settings (foster homes, residential facilities, day care centers, public schools, group homes).</td>
<td></td>
</tr>
</tbody>
</table>

**Domestic violence reports**

| Alaska \[.....................\] No prior domestic violence convictions in the last 6 months. |
| Florida \[.....................\] Domestic violence reports involving the use of a deadly weapon. |

**Significant child endangerment**

| Florida \[.....................\] Reports of threatened harm due to the death or sexual abuse of another child in the home. |
| Minnesota \[.................\] “Substantial child endangerment” means a person responsible for a child's care, a person who has a significant relationship to the child as defined in Minnesota statutes, section 609.341, or a person in a position of authority as defined in section 609.341, who by act or omission commits or attempts to commit an act against a child under their care that constitutes any of the following: |
| - murder in the first, second, or third degree under section 609.185, 609.19, or 609.195; |
| - manslaughter in the first or second degree under section 609.20 or 609.205; |
| - assault in the first, second, or third degree under section 609.221, 609.222, or 609.223; |
| - solicitation, inducement, and promotion of prostitution under section 609.322; |
| - criminal sexual conduct under sections 609.342 to 609.3451; |
| - solicitation of children to engage in sexual conduct under section 609.352; |
| - malicious punishment or neglect or endangerment of a child under section 609.377 or 609.378; |
| - use of a minor in sexual performance under section 617.246; or |
| - parental behavior, status, or condition which mandates that the county attorney file a termination of parental rights petition under section 260C.301, subdivision 3, paragraph (a). |

**Other exceptions**

| North Carolina \[.................\] Reports involving children in the custody of a county department of social services; reports involving a child taken into protective custody by a doctor or law enforcement official; and reports involving a child who has been hospitalized due to suspected abuse/neglect. |
| Alaska \[.........................\] No violent criminal convictions involving weapons; no sexual offense convictions; and no felony convictions for substance abuse in the last 6 months. No prior substantiated investigation within a 6-month period. |
Other Descriptive Survey Criterion

Source of Reporter
All 15 state respondents indicated that the source of the report was not a factor in determining whether an accepted report could be assigned to the non-investigation assessment response pathway.

Age of the Child
With the exception of North Carolina, West Virginia, and Wyoming, the age of the child does not preclude the assignment to the assessment response pathway in states that implement a differential response. In North Carolina, families cannot be assigned to the assessment response where children under the age of 1 have allegedly been shaken or subjected to corporal punishment. This is the sole consideration of the child’s age in North Carolina’s Family Assessment Response. In West Virginia and Wyoming, any child under the age of 6 is not eligible to be served through the non-investigation assessment response.

Number of Previous Reports
Four of the 15 state respondents (KY, MO, OK, and VA) specify some limitations of assignment to the non-investigation assessment response based on the number of previous reports of alleged child maltreatment on a child/family. While Kentucky’s explanatory note does not provide a specific number of previous reports that serve as a threshold to preclude assignment, the respondent indicates that “typically multiple reports enhance risk and safety concerns and previous reports are used as one factor in determining the appropriate pathway.”

Missouri, Oklahoma, and Virginia identify three previous reports as the threshold at which restrictions apply, but each state does so in a distinct way and/or timeframe. In Oklahoma, three previous reports disqualify assignment to a non-investigation assessment response. In Virginia, three previous reports within the year disqualify assignment to a non-investigation assessment response. In Missouri, when a report is screened as a ‘family assessment’ and there have been three or more prior calls to the hotline with the same abuse or neglect type, staff have the option to upgrade to the “investigation response” pathway. This decision is made on the basis of how the agency can best serve the family.

The receipt of multiple reports, whether or not they are screened in and/or subsequently substantiated as maltreatment, is commonly viewed as reason for elevated concern regarding the safety and well-being of children. This elevated concern influences the level of risk and, thus, the decision regarding the appropriate pathway assignment.

Use of Assessment Response When Child Is Placed in Foster Care
Only five state respondents (KY, MN, MO, PA, and TN) allow an assessment response when a child is placed in foster care. While the vast majority of child removals and placements into foster care come as a result of the presence of high-risk factors, there may be instances where an assessment approach may be an appropriate response, especially if the placement is for child-specific reasons, such as developmental disabilities or mental health concerns. This highlights the discretion of staff in determining the appropriate pathway, recognizing that case criteria provide guidance but are by no means prescriptive in making the selection.

Use of Assessment Response When Case Is Involved in Juvenile Dependency Court
Eleven of the 15 state respondents (AK, HI, KY, MN, MO, NC, PA, TN, VA, WV and WY) allow the use of the assessment response when the case is involved in the juvenile dependency court.

Response Pathway Reassignment
All 15 respondents indicated that there could be reassignments of the initial response assignment—from non-investigation assessment to investigation—based on additional information gathered during the assessment phase and/or situation changes during the life of the case. The possibility of reassignment recognizes the dynamics of the assessment process, and it allows worker discretion to prevail when assessments result in a determination of a higher level of risk than the level at the initial intake.

Reassignment is much less likely if the initial assignment has been made to an investigative response pathway. Only seven of the 15 respondents (FL, HI, MN, MO, NC, WA, and WY) indicated that, given an initial response assignment to investigation, there could be a reassignment to a non-investigation assessment response pathway based on additional information gathered during the investigation process and/or situation changes during the life of the case.
Statutory Mandate
Ten of the 15 respondents indicate that differential response is mandated in state statute. Of the five states (AK, FL, HI, WA, and WV) that indicated there was no statutory mandate, two have historical linkages to legislative vehicles, even if not currently mandated in statute.

Florida was one of the initial states to pass legislation (1993) associated with its first iteration of alternative response and a community partnership approach to child protection responses. This Family Services Response System, the original title of Florida's differential response approach, was written out of law in 1998, but it resurfaced in 2002 as a result of a Florida legislative interim project aimed at addressing workforce retention. The Protective Investigator Retention Workgroup, whose genesis is via state statute (2003), recommended an "assessment-driven, family specific intervention" to better serve families' needs.

Washington had statutory guidance directing the provision of the alternative response system (ARS) service, but this legislation sunsetting on June 30, 2005. However, the Department of Social and Health Services has continued funding ARS at the same level and has given regions the option of continuing with the current ARS models.

Distinct from the information collected for this study, it is important to note that Maryland, Minnesota, North Carolina, Tennessee, and Wyoming passed state legislation in 2005 authorizing or requiring a child welfare agency to respond to certain lower-risk reports of child maltreatment with a family assessment rather than with an investigation (NCSL, 2006). The Maryland legislation supports an exploration and careful study of this approach.

Practice/Policy Protocols
All 15 state respondents indicated that there are policies and/or practice protocols which formally guide the implementation of differential response case practice. A variety of workforce issues have emerged as states and jurisdictions implement differential response. This unanimous response by respondents indicates the recognition that the change in workforce skill requisites requires support through policy and protocol in order to sustain an assessment model that is dedicated to the engagement of families and the provision of services from which they will benefit.

Voluntary Services
The opportunity for families to engage in services voluntarily is a core element of the differential response approach. It has been suggested by proponents of differential response that when the CPS agency offers families the choice to elect and participate in services, they are more likely to develop a constructive partnership with service providers, experience greater satisfaction with service delivery, and perhaps improve the outcomes associated with service provision.

In the descriptive survey on differential response, state respondents were asked whether services were voluntary for families who receive a non-investigation assessment response. This question did not specify the level of risk to the child determined by the assessment process and, thus, the interplay between the level of risk and the opportunity to engage in services voluntarily was not captured. Therefore, states responded to the question in disparate ways. Given the complexity of the issue and the lack of comparable data across states, the authors opted not to categorize the responses, nor report these findings in the response table.

However, with the collection of additional information from state respondents, it is apparent that the specific level of risk to the child influences the degree to which services are voluntary. When the results of an assessment indicate low levels of risk of maltreatment, the majority of state respondents indicate that service provision is voluntary. As the risk moves from low to high, the need for mandated services also increases. For example, a number of states noted that, if the assessment indicates the child is at high risk of maltreatment, the provision of voluntary services is no longer an option. In such instances, some states reassign high-risk cases to the investigation pathway. Some states, on the other hand, mandate services through court involvement, but do not require an investigation to ensue.

In addition, a number of states noted that, if parents/caregivers decline to address the risk factors and cooperate with services that are deemed essential to reduce the high level of risk, this refusal triggers a more coercive response. When families receiving the assessment response reject services, some states reassign the case to the investigation pathway, while others mandate services. In Hawaii, for families offered voluntary case management services, an investigation response is triggered if services that would decrease risk or impact child safety are refused by the family. Similarly, in
Minnesota, if the assessment reveals that the child is not safe or is at high risk of maltreatment, services are not optional. If the parents refuse to resolve the issues, a juvenile court petition would be filed to order the actions necessary to make the child safe.

While there appears to be consistency that the concept of voluntary service provision is no longer an option when children are determined to be at high risk, there is some variability on this question with moderate-risk cases. Although not all state respondents provided clarifying information, Louisiana indicated that there are cases in which voluntary services are available to families receiving a non-investigation assessment response whose children are determined to be at moderate risk of maltreatment. In Minnesota, services are voluntary for families whose children are at moderate risk of maltreatment. In some of the other states, moderate-risk determination results in either a pathway reassignment to the investigation pathway or mandated services. Because the issue of voluntary services is a core component of differential response, more in-depth study is required to fully understand the complexity of states’ policies and protocols related to this.

**Substantiation**

All 15 state respondents indicated that there is no substantiation of alleged maltreatment for families served in a non-investigation assessment response. This is consistent with the definitional requisite, and thus, indicative of the reliability of the responses. Eliminating maltreatment determinations for cases served by an assessment response is a core component and critical element of differential response systems. It underscores the non-adversarial nature of the assessment response approach, since the requirement of child welfare systems to determine a “finding” of maltreatment can present a challenge to engaging and involving families.

**Use of Central Registry**

Fourteen of the 15 state respondents indicated that the name of the alleged perpetrator is not entered into the central registry for individuals who are served through a non-investigation assessment response. Florida, currently in the developmental stages of its differential response system, indicated that the work group will recommend that the name of the individual be entered into the system but not be denoted as an “alleged perpetrator.” The absence of that label is a hallmark of differential response and promotes an engaging, rather than adversarial, manner of child welfare practice.

**Staff Discretion**

One of the other trends extrapolated from the data is that, while intake and screening systems have discrete guidelines for assigning cases to the response pathways, many of these systems also support case-level decision making in determining the appropriate response. Missouri, as cited above, is one example where three reports is deemed a significant risk factor; but, based on other case characteristics, staff have latitude to determine the pathway. Another example is Kentucky: when a report alleges injuries to an adolescent as the result of altercations between child and custodian, the report may be accepted for an investigation or a Families in Need of Service Assessment (FINSA). In making that determination, the social worker specifically focuses on: the age of the child; precipitating factors; the degree and appropriateness of force used by the caretaker; and the need for further services to assist in eliminating the violent behavior in the home.
SECTION 2. STATE AND COUNTY PROFILES

This section contains alphabetized state and county profiles that have been categorized into three groups:

1. Differential response initiatives that are occurring (a) statewide, (b) within multiple jurisdictions but not statewide, and (c) in single jurisdictions;

2. Defunct differential response initiatives; and

3. Other innovations in child protective services (CPS) and child welfare.

The state and county profiles provide more programmatic and policy detail related to the implementation of differential response approaches in child protection and child welfare systems. These profiles provide examples that support the findings in the previous section of this report. They not only demonstrate the creativity and variability in designing differential response systems, but also provide state- and county-specific rationales regarding implementation. A number of states that had previously implemented differential response systems but no longer operate such an approach also provided descriptions of their involvement with this approach.

This report profiles selected states and counties throughout the country that, while not necessarily using differential response as defined by the set of core elements previously enumerated or this report's definition, are implementing promising approaches and innovative practices in CPS intake and investigation units.

For example, California's, New Mexico's, New Jersey's, and Wisconsin's profiles describe how their child welfare systems respond to allegations of child abuse and neglect that do not meet statutory definitions of abuse or neglect (screened-out reports). In these instances, these states and others in this national survey recognize that there is a great likelihood for these families to be re-reported to the child protection system, if the issues that initially brought them to the attention of the agency are not addressed. Therefore, families are offered services and voluntarily linked to community resources as a way to meet their needs.

Massachusetts provides a profile of “Connecting Families,” a project serving families with unsubstantiated abuse and neglect investigations. Like others, this project recognizes that these families may benefit from preventive services before risk escalates and triggers the need for a more intrusive intervention. Innovative assessment practices in Iowa, North Dakota, and South Dakota are also profiled. While none of these locales is implementing differential response based on the definition used in this report, their approaches to family assessments provide a critical framework for actively engaging families in this process. Lastly, the Michigan profile provides more detail on the state's five-category disposition process for CPS investigations.
States with Differential Response Initiatives
Alaska

Title of Model/Referent: Differential Response (DR)

Child Welfare Administration: State Administered

Differential Response Implementation: Multiple Sites

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Origins
Alaska's differential response began May 1999 as a pilot project in the Matanuska Susitna Valley. The program was operated by a local social services nonprofit agency in Wasilla called The Children's Place. Wasilla is 45 miles north of Anchorage and over the past several years, has been one of America’s fastest growing cities. With a present population of just over 5,100, it is the largest city in the Mat-Su Borough (Alaska’s fastest growing region). The program was modeled after the Missouri Alternative Response program. The pilot project was developed as a way to respond to low-risk reports of harm that were being “workload adjusted” (not investigated) because of a lack of staff resources in the Division of Family and Youth Services.

The pilot was evaluated in November 2001 after operating for two years. The University of Alaska at Anchorage conducted a research study on outcomes and found that the pilot had a positive impact. As a result, the program continued in Wasilla and expanded to two other sites, Nome and Anchorage.

The contracted community-based organization in Wasilla also operated a child advocacy center. The Anchorage site contracted with a tribal corporation that offers an array of social services. The Nome site contracted with a tribal services organization as well. In 2005, costs of all three sites were covered by a $375,000 grant from the state in which Anchorage and Wasilla received most of the funds and Nome was allotted a smaller amount.

Description
Alaska assigns levels of priority to child abuse and neglect reports that signify the level of risk. Reports that are priority 1 and 2 are deemed high-risk and are assigned to investigation. Low-risk cases are given a priority 3 rating. Referrals for child abuse and neglect are directly received by each local Office of Community Service.(OCS) There is no state hotline for child abuse and neglect referrals in Alaska. After a referral is received, the intake worker consults with the supervisor to determine if a report is appropriate for differential response (DR). Low-risk cases, assigned to DR, include neglect and substance abuse reports excluding methamphetamine activity. In addition, sexual abuse cases are excluded (B. Crawford, personal communication, June 23, 2005). Assessments are neither substantiated nor unsubstantiated and the criteria for abuse are eliminated once the report is referred out. The case is open by OCS for an assessment and referred to a community-based organization.

The contracted DR worker conducts the safety assessment. The family receives services for 90 days in which the family and the contracted DR worker create a case plan. If the safety assessment shows that there is a high risk to the safety of the child, the case is transferred back to OCS.
At 90 days, the DR worker closes the case. If after 90 days the family has not received all the services identified in the service plan, the case may be continued by the DR program or closed with a referral for additional services. OCS receives a closing summary on each case which is entered into the case tracking system and the case is closed by OCS.

Evaluation/Results
Claudia Lampman and Norm Dinges from The University of Alaska at Anchorage conducted a two year multi-competent evaluation of the program from 1999 until November 2001. The evaluation of the program had the following primary objectives:

- Monitor the severity of recidivism among families in the program;
- Assess client satisfaction with the services provided to families; and
- Measure attitudes about program effectiveness and satisfaction.

The quasi-experimental design compared rates of recidivism in Wasilla to another site both before and after the program from June 1997 to May 1999 and June 1999 to May 2001. The study showed that there was significantly less recidivism during the program period; families who participated in DR had fewer re-reports. For those families who were re-reported, case severity was less. In addition to this evaluation, grantees have to provide quarterly data reports to OCS. OCS evaluates this data. Outcome measures being tracked include:

- Number of cases referred from OCS to the DR program
- Percentage and number of cases where contact was made within 7 days of receiving the report from OCS
- Percentage and number of cases returned to OCS for refusal of services
- Percentage and number of cases returned to OCS because of further allegations
- Percentage and number of cases returned to OCS because of heightened risk factors
- Percentage and number of cases returned to OCS because of inability to locate the family and the number of those cases granted extensions by OCS
- Number of families that successfully completed case plans
- Number of cases that went past 90 days
- Types of services provided to families
- Number of family satisfaction surveys distributed, the number returned, and the results of the surveys
- Summary of case closures (closed without follow-up services, closed with referral to additional services, and which additional services they were referred to, i.e. type of service, such as housing, transportation, financial, employment, etc.)

Future Plans
The direction for the 2006 fiscal year is to streamline the target population that is diverted to the DR program. OCS is trying to identify the families that can most benefit from the services that the DR approach provides. There is a desire to develop criteria to identify priority 3 cases. OCS is also working on tracking outcomes to increase the ability to measure the program's effectiveness. Also, as of 2005, there are no plans to expand DR statewide because there are no additional financial resources available.

Impact on Front-Line Practice
DR workers, both new hires and existing staff, responded positively to this approach. (B. Crawford, personal communication, June 23, 2005). Workers carry the same workload but low-risk reports that previously were not assigned are now being addressed by community-based organizations (B. Crawford, personal communication, June 23, 2005).

Implementation Challenges
Implementation challenges include deciding what documentation can best capture information and track families' progress.
Florida

Title of Model/Referent: Alternative Response System Pilot Program

Child Welfare Administration: State Administered

Differential Response Implementation: Multiple Sites

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Origins
In 1993, the Florida Legislature took the innovative and nationally recognized step of piloting an alternative response and community partnership approach to child protective investigations. By amending Chapter 415 of the Florida Statutes to add Part III, Family Service Response System (Chapter 93-25, Laws of Florida), an alternative response approach was initiated in all 15 districts throughout the state. In 1996, an effectiveness and impact evaluation indicated inconsistent implementation of this program throughout the state. In 1997, as a result of legislative efforts to consolidate Chapters 415 and 39, F.S., and of the rewriting of child protection statutes to conform to the 1997 ASFA legislation, the Family Services Response System was written out of the law effective October 1998.

The feasibility of pursuing such an approach to child protective interventions and services re-surfaced in 2002 as a result of a Florida legislative interim project aimed at addressing the retention of the child protective investigations workforce. The Florida Senate Interim Project Report (Children and Families Committee, January 2003) recommended establishing a workgroup to examine the feasibility of an alternative response system responding to low-risk abuse and neglect cases, and developing an investigative process that provides for different levels of activities based on the severity of risk and probability of continued or increased abuse and neglect. This recommendation was made as a way to address the high turnover rate of child protective investigators and child protective investigator supervisors. Reasons for high turnover include difficulty in adequately responding to the abuse and neglect of children, high workload, undesirable working conditions, and staff inexperience (Florida Department of Families and Children, 2003). As a result of this recommendation and in response to Chapter 2003-127, Laws of Florida, the secretary of the Florida
Department of Children and Families (DCF) appointed a Protective Investigator Retention Workgroup (PIRW) to study this issue. The PIRW concluded that not all reports required a full investigative response and an "assessment-driven, family specific intervention" would help produce more quality assessments, thus better serving the family's needs. A more adequate response to child abuse and neglect would help improve retention of qualified staff (PIRW, 2003).

The workgroup made a recommendation to pursue the design and development of an alternative response system pilot program. Their recommendation included a four-response option approach after initial assessment, based on the needs and strengths determined through the assessment process. The four options were: 1) expedited case closure; 2) expedited case closure with referral; 3) assessment response track; and 4) investigation response track. The first three options do not entail a child protective investigation.

It is important to note that in six counties in Florida, the child protective investigation function has been outsourced to the local sheriff's offices. In addition, all ongoing services--prevention, preservation, and permanency--have been privatized statewide. At the same time, child protective investigations are driven by highly prescriptive (almost procedural) statutory requirements. So other than that which is required by statute, there is a varied approach statewide as to how these child protection functions are performed and services delivered.

### Description

The Child Welfare Institute (CWI) was awarded a two-year contract to help the Florida DCF to design and develop its alternative response system. An Alternative Response System (ARS) Workgroup was convened in December 2005, with statewide representation from DCF, the Sheriff's offices responsible for protective investigations and our CBC partners.

The workgroup has met monthly for the last 10 months. Their first charge was to re-design the current safety and risk assessment processes for the continuum of child welfare interventions and services provision. The re-designed assessment process will guide critical decision making throughout the life of a case, including response track selection. Their efforts resulted in the development of a number of assessment or decision supports addressing child safety assessment, safety planning, safety re-evaluation, family assessment, case planning, visitation readiness, and reunification readiness.

Using the re-designed assessment and risk processes to guide critical decision making, the workgroup proceeded with the design and development of the ARS pilot. The participants used the PIRW's recommended four-option approach as a starting point for the design and development discussions. However, through careful deliberation by the workgroup, the design evolved into a two-track approach--investigative or assessment--with each track having the option for expedited closure or closure after the completion of community referrals. The design allows for change in track at any time during intervention if new information warrants a different direction.

An investigative response will be initiated when the allegations are of a criminal or serious nature, or the allegations suggest a need for dependency proceedings. Victims and perpetrators will be identified and maltreatment findings will be determined. A complete investigation will result in accountability and support for criminal prosecution and/or dependency proceedings. The determination of findings in investigative cases will also preserve the future ability to consider these findings in relation to screening adoptive and foster applicants and other placement decisions.

In the assessment track option, reports that appear to involve a low risk of serious harm receive an assessment and service response rather than an investigative response. A non-investigative response facilitates family engagement by focusing on a family's unique needs, based on the identification of underlying conditions and contributing factors that lead to child maltreatment or risk thereof. By engaging the family in a non-adversarial manner, and unencumbered by the requirements associated with a forensic-oriented investigation, the quality of family assessments is expected to improve. Consequently, there will be a greater likelihood that the family's needs will be met, support systems will be identified, and appropriate services will be provided.

Family engagement strategies, strengths-based assessment, and empowered decision making (e.g., family group conferencing, community collaboration, using informal support networks, and faith communities) are all approaches that may be used to support this response option.
Response options, or track selection, will be determined after report commencement (no later than 24 hours from report acceptance at the centralized hotline) and completion of the initial child safety assessment. This initial safety assessment, at a minimum, must include: a safety-focused assessment and face-to-face examination of all children in the household; a home visit to evaluate the child's environment; and an assessment of the caregivers, focusing on their relationship to safety threats and protective capacities. Additionally, the initial safety assessment must provide an analysis of the maltreatment allegations, standardized safety factors indicative of present danger, protective capacities, child vulnerability, criminal history, and other relevant information.

Florida has also decided to pilot three different alternative response system implementation designs. This decision is based on the varied child welfare services delivery systems involving DCF child protective investigators, local sheriff’s office child protective investigators and the community-based care partners. The three implementation designs are outlined below.

**Option 1: Child Protective Investigator (CPI)/Sheriff’s Office (SO)**

The CPI or SO will receive all reports from the hotline. Based on select criteria and any other relevant information obtained prior to initiating a response, the CPI or SO will determine if any assessment track disqualifying criteria are present. If yes, the initial response will proceed as an investigation track case and an initial safety assessment will be completed within 48 hours. Practice guidelines, policies and procedures will continue according to current investigatory requirements. Upon completion of a risk assessment, a safety re-evaluation and a findings decision, the CPI will make a disposition decision.

If no assessment track disqualifying criteria are known by the initiation of the initial response, the case will be considered to be in a “track pending” status. Once the initial safety assessment is completed, and if there continues to be no disqualifying criteria, the CPI or SO and Child Protection Investigator Supervisor (CPIS) or Sheriff’s Office Supervisor (SOS) will designate the case as an assessment track case and conduct an ESI staffing with the designated CBC.

Upon completion of a family assessment and safety re-evaluation, the CPI or SO will make a disposition decision and conduct an ESI staffing, if the recommendation is to open the case for voluntary protective services.

**Option 2: Child Protective Investigator (Sheriff’s Office) to Community Based Care (CBC)**

The CPI or SO will receive reports from the hotline and follow the procedures in Option 1. Once the initial safety assessment is completed, and there are no disqualifying criteria, the CPI or SO and CPIS or SOS will designate the case as an assessment track case and transfer continuing assessment track responsibilities and requirements to the CBC lead agency. The advantage to this approach is that the CBC worker accepting case transfer will already know the family and the family assessment and needs identification process can continue without interruption and without requiring the family to be introduced to a new worker.

Following the ESI staffing, the CBC lead agency or its designated contract manager will make contact with the family within 48 hours of receiving the assessment track case from the PI or SO unit and engage the family in assessment and needs identification process. Upon completion of a family assessment and safety re-evaluation, the CBC lead agency will make a disposition decision. If services are needed and accepted by the family, the case will be “opened” and an individualized plan of action will be developed and implemented.

**Option 3: Child Protective Investigator (Sheriff’s Office) and Community Based Care (CBC)**

The CPI or SO will receive reports from the hotline and follow the procedures in Option 1. The CPI or SO and CBC will jointly initiate the initial safety assessment and decision process. Once the Initial Safety Assessment is completed, and there are no disqualifying criteria, the CPIS or SOS and the participating CBC team will designate the case as an assessment track case and transfer continuing assessment track responsibilities and requirements to the CBC lead agency. The advantage to this approach is that the CBC worker accepting case transfer will already know the family and the family assessment and needs identification process can continue without interruption and without requiring the family to be introduced to a new worker.

The CBC will make contact with the family within 48 hours of formal transfer from the CPI or SO unit and engage the family in an assessment and needs identification process. Upon completion of a family assessment and safety re-evaluation, the CBC will make a disposition decision. If services are needed and accepted by the family, the case will be “opened” and an individualized plan of action will be developed and implemented.
Evaluation/Results
The Child Welfare Institute, in partnership with DCF, will provide the design, development, and implementation of an evaluation component for the program pilot sites.

Future Plans
The Request For Proposal also requires CWI to facilitate the development of a strategy for statewide implementation of the alternative response system. This document will be used to advocate for legislative changes in support of statewide implementation, as well as provide the "roadmap" to accomplish such shift in practice.

It is the department's intention to continue to address findings of maltreatment (per each alleged maltreatment, not at the overall report level) for a number of reasons, including federal reporting requirements. However, Florida has not maintained a report classification system for years, and all records are retained for fifty years, regardless of the finding for each alleged maltreatment.

Impact on Front-Line Practice
In addition to the positive impact on the retention of a stable and experienced front-line workforce, there will be major training and practice implications. The current focus of child protective investigations is on maltreatment and evidence gathering. The training approach will have to shift to a more helping and social skills-building focus, with particular emphasis on the development of family engagement, and strength-based and safety assessment skills, including the concepts of present, prospective, and emergent safety issues. It should be noted that another expected critical impact is less intensive involvement of families in the child welfare system as a result of the earlier, more family-specific focus.

Implementation Challenges
Florida's greatest implementation challenge is its status as the only state with fully privatized ongoing child welfare services, including at least 22 different community-based care lead agencies. In addition, the child protective investigations function in five different counties has been outsourced to the local sheriff's offices. Plans to expand this function to other sheriff's offices are ongoing. By statute, these agencies are not obligated to follow DCF policies and procedures, but rather are encouraged to implement Florida's child welfare statutes and administrative code as determined by local needs. Statewide implementation of an alternative response system will require statutory changes, with an emphasis on minimum standards to be applied by all of Florida's child welfare partners.
Hawaii

Title of Model/Referent: Differential Response System

Child Welfare Administration: State Administered

Differential Response Implementation: Statewide

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Origins
Hawaii’s Child and Family Services Review (CSFR) and resulting program improvement plan served as the impetus for our differential response system. It was our assessment that high caseloads contributed significantly to poor outcomes in various measures of child safety, permanency, and well-being. We also found that annually, about two-thirds of the children in our system discharged from foster care returned home. The median length of stay in foster care prior to reunification was over three months. One of our primary strategies for improvement involved changes to our intake, case assignment, and case planning processes that would help prevent the removal and placement of those children whose time in foster care was less than 100 days and ultimately decrease caseloads while ensuring appropriate services for families at risk.
With all due concern for the safety of children at risk, our intent was to divert as many cases as possible from formal entry into the Child Welfare Services (CWS) system. We planned to accomplish this through a four-prong approach that simultaneously addresses different facets of the problem by:

1. Developing a differential response capacity, or alternative ways of responding to intakes, including assignment of appropriate reports to immediate response teams or to alternative community-based response programs rather than to formal CWS initial assessment and investigation;
2. Responding to some of our threatened harm cases through expanded and intensified diversion services such as alternative community-based responses to help families provide a safe home, and services that prevent removal by eliminating, whenever possible, the risk within the home;
3. Improving access to needed services and expanding the array of services available to meet the individual needs of children and families; and
4. Intensifying efforts to strengthen families by engaging them in change early on, keeping them informed, and involving them in decisions regarding the safety and well-being of their children in order to prevent removal or hasten reunification.

This strategy also included a policy direction that embraces our local custom of “hanai” placements, that is, entrusting the care of children to relatives and friends outside of the nuclear family who can provide a safe and nurturing home for them. Honoring this tradition ensures that children are not taken into custody unnecessarily and preserves relationships that are important to a child’s well-being. This policy also recognizes as well that diversion and other supportive services are, where appropriate, available as an alternative to the physical removal of children.

**Description**

Differential response is a process that assesses each report to child welfare services to determine the most appropriate, most effective, and least intrusive response that can be provided by CWS or our community partners. The differential response system in Hawaii was implemented in December 2005.

To facilitate the implementation of Hawaii’s differential response system, the Department purchased the following services:

- **Family Strengthening Services (FSS):** These services are used for cases assessed as presenting low risk of harm to a child or children. FSS services, which include assessment, service planning, short-term counseling, and development of a family’s resources, are provided for up to six months.
- **Voluntary Case Management Services (VCM):** These services are used for cases assessed as presenting moderate risk of harm to a child or children. VCM services, which include assessment, case planning, monitoring, and counseling, can be provided to in-home cases for up to 12 months.

To ensure coordination between the VCM programs and CWS, the Department provides a voluntary case liaison, who is co-located with the VCM programs. The liaison is a CWS social worker and has the primary responsibility of providing case consultation to the VCM case managers. Liaisons assist in assessing safety and risk for VCM cases and ensuring that cases are maintained in the appropriate DRS track.

Hawaii’s differential response process starts with a report to the Child Welfare Services (CWS) intake hotline for child abuse and neglect. The intake worker screens the reports using a web-based intake assessment tool developed in partnership with the National Resource Center for Child Protection. The tool is used to identify appropriate responses for families with children who have been maltreated or are at risk of maltreatment. Particular emphasis is placed on a determination at intake of whether there is a risk or safety concern and at what level, based on the information that is available from the reporter, collateral contacts, and other sources such as the Department’s central registry. If the report identifies a safety factor or high risk factors which place the child at risk of substantial or imminent harm, the case is assigned to CWS for further assessment and action.

Substantial and imminent harm is defined as: the child is in danger of abuse and/or neglect which has a high likelihood of occurring in the immediate future and that could result in death, life-endangering illness, injury requiring medical attention, traumatic emotional harm, or severe developmental harm that has long lasting effects on a child’s well-being.
If a case has low to moderate risk factors and no safety concerns, the family is referred for voluntary services with either Family Strengthening Services (FSS) or Voluntary Case Management Services (VCM), depending on the level of risk. Cases identified with low to moderately low risk are referred to FSS and cases identified with moderate to moderately high risk are referred to VCM.

In addition to identifying risk factors, protective factors and family strengths are also identified at the point of intake. Intake workers consider these factors when assessing the overall level of risk for a case, in order to make the most appropriate referral for services.

Once FSS and VCM receive a case from intake, they conduct a safety assessment after seeing the children and assessing the family home. If a safety factor is identified, or if the level of risk is higher than originally determined by intake, the case is returned to CWS for further assessment and possible investigation.

**Referral Process**
The table below outlines the possible DRS referral paths:

<table>
<thead>
<tr>
<th>Risk Level</th>
<th>Intake</th>
<th>CWS Assessment</th>
<th>VCM</th>
<th>FSS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Risk</td>
<td>FSS</td>
<td>FSS</td>
<td>FSS</td>
<td>--</td>
</tr>
<tr>
<td>Moderate Risk/Safety Concern</td>
<td>VCM</td>
<td>VCM</td>
<td>--</td>
<td>CWS</td>
</tr>
<tr>
<td>High Risk/Safety Concern</td>
<td>CWS</td>
<td>CWS</td>
<td>CWS</td>
<td>CWS</td>
</tr>
</tbody>
</table>

Child welfare assessment workers are to use the Safety Assessment and Comprehensive Strengths and Risk Assessment in determining whether cases can be appropriately referred to FSS or VCM services.

Referrals may also be made in the event the Department files a petition in court and the Department, family, and court determine the family should be provided the opportunity to participate in voluntary services. In these cases, the petition will be dismissed or set aside, and the case would then be referred to the appropriate program for services.

VCM, FSS, and CWS staffs are provided with a procedures manual which outlines the process for making referrals and returning cases to CWS as well as case practice expectations (monthly contacts, assessment tools, etc.). Bi-monthly conference calls are held with all differential response providers and CWS program development to ensure effective implementation.

**Evaluation/Results**
We are in the process of creating a formal system of evaluation for our differential response system (DRS). Since implementing DRS in December 2005, we have conducted one round of case reviews with the assistance of the National Resource Center for Child Protective Services to ensure that assessment tools are being used appropriately by FSS, VCM, and CWS case workers. We also reviewed intakes to ensure that the intake tool was being correctly applied and that case referrals were appropriate.

We are creating reports to analyze the effectiveness of DRS in preventing child abuse and neglect and unnecessary removal of children, as well as monitoring cases to assess recidivism. We are in the beginning phase of implementation and plan to collect all necessary data to ensure appropriate longitudinal studies.
States with Differential Response Initiatives

Future Plans
We continue to provide ongoing training for all child welfare and community staff who are involved in DRS and who use safety assessments and comprehensive strengths and risk assessments in determining safety and risk factors. Implementing a structure for quality improvement and data analysis is vital for future sustainability.

The application of structured decision making and the use of DRS have required a significant shift in philosophy and resulting practice. Engagement of our community providers in this process has been key to the success of DRS.
Kentucky

Title of Model/Referent: Multiple Response System (MRS)

Child Welfare Administration: State Administered

Differential Response implementation: Statewide

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Origins
Kentucky’s primary program area selected in the state's Title IV-B Child and Family Services Plan for fiscal years 2000-2004 was the improvement of the agency's ability to provide an effective and immediate response for children from child protective services, prevention and treatment agencies, and law enforcement by redesigning policy and practice to reflect multiple or differentiated response. This focus was grounded in statutory provisions: CAPTA Section 106(a)(1), improving the intake, assessment, screening, and investigation of reports of abuse and neglect; and Section 106(a)(2)(A), creating and improving the use of multidisciplinary teams and interagency protocols. The development and implementation of the Multiple Response System (MRS) was the result of the state's Title IV-B plan. The Multiple Response System was codified in 2000 in Kentucky Revised Statutes (KRS) Chapter 620, specifically KRS 620.040(2) and KRS 620.050(4). (http://www.lrc.ky.gov/KRS/620-00/CHAPTER.HTM). The Multiple Response System was further specified by DCBS in Title 922 Kentucky Administrative Regulation (KAR), Chapter 1, and Section 330, June 15, 2001 (http://www.lrc.state.ky.us/kar/922/001/330.htm).

Description
Development of the Multiple Response System (MRS) began in late 1999 and was completed in June 2001, as a part of the Child Abuse Prevention and Treatment Act (CAPTA) Plan for 2000-2004, part of the Title IV-B plan. In Kentucky, MRS was initiated as part of Comprehensive Family Services (CFS) and designed to achieve two goals. First, MRS was designed to reduce stigma and improve collaboration with families and community partners around issues of abuse and safety risk. Second, MRS was designed to reduce the workload of CPS investigative workers by screening cases at the point of first contact. Cases with alleged family abuse (excluding reports within agencies) or neglect that were low-risk (as determined by a risk matrix) and did not include allegations of sexual abuse were designated as Families in
States with Differential Response Initiatives

Need of Service Assessment (FINSA). The intent was for these low-risk cases to go directly to community partners for assessment and thus permit the CPS investigative worker to focus on more severe cases of child abuse and neglect. However, investigations cannot be downgraded to FINSA, which is one of the problem areas of the MRS (E. Caywood, personal communication, August 10, 2005).

Other options include resource linkage and law enforcement referrals for those reports that do not meet CPS criteria. The MRS is implemented statewide and is funded through the Social Services Block Grant, state funds, and Title IV-B child welfare funds.

**Evaluation/Results**

Kentucky's evaluation of the Multiple Response System has been primarily a formative evaluation. Formative evaluation seeks to answer questions about how a system is developing and working, and then uses this information to make adjustments in program design and practices. The assessment of risk and maltreatment is the foundation for responding to reports of child abuse and neglect and was included in the formative evaluation of MRS. In Kentucky, this risk assessment is entitled the Continuous Quality Assessment (CQA) and consists of a checklist of risk factors and narrative screens with prompts to assist workers in assessing child and family functioning. Over the life of MRS, there has been an increase in the use of FINSA. The most recent figures indicate that roughly 31 percent of reports are classified as FINSA.

The following table is based on data from 20,965 cases meeting criteria between July 2002 and March 2003. The 20,965 cases included in the 2003 evaluation of MRS (Time #1) were matched to cases with recurrence of child abuse and neglect in the National Child Abuse and Neglect Data System (NCANDS) data (Time #2) from January 1, 2003, to December 30, 2003, to estimate subsequent referrals.

Cases within the investigative track were twice as likely to have a subsequent investigation with 3 percent of FINSA and 5.8 percent of investigations cases having an investigation within Time #2. Cases with a subsequent report were different from cases in Time #1.

<table>
<thead>
<tr>
<th>Track Time #1 (2003)</th>
<th>Average # referrals. Time #1</th>
<th>Average # referrals for subsequent investigation. Time #2</th>
<th>Average # referrals at subsequent referral. Time #2</th>
</tr>
</thead>
<tbody>
<tr>
<td>FINSA</td>
<td>2.6</td>
<td>4.1</td>
<td>6.3</td>
</tr>
<tr>
<td>Investigation</td>
<td>3.1</td>
<td>4.6</td>
<td>6.5</td>
</tr>
</tbody>
</table>
Considering the track of the case in 2003 (Time #1) and the matched cases with recurrence of child abuse and neglect in the NCANDS data, the following distribution is found:

- 16.5 percent of the children were in the FINSA track (to be counted, the case would have had to have at least one substantiation after the FINSA).
- 81.7 percent of the children were in the investigative track.
- 1.5 percent of the children were in the resource linkage track.
- 0.3 percent of the children were in the law enforcement track.

Findings from Kentucky's NCANDS data as reported by Walter R. McDonald and Associates (April 30, 2005) as relevant to this evaluation report are included here. Page numbers referencing the report are included in parenthesis.

- Children less than 8 years of age are less likely to be referred for a FINSA (chart page 15).
- More than 50 percent of FINSA cases were in response to emotional or unknown abuse and more than 30 percent were cases with reports of neglect (chart page 17).
- With the introduction of the FINSA in Kentucky, the number of children found to be victims decreased by 36 percent and the number found to be nonvictims decreased by 23 percent (p. 24). Similarly, the ACF (Administration for Children and Families) identified that the “other” or FINSA category seemed to be composed of more cases that might otherwise be substantiated.
- 6.5 percent, or 1,089 out of 16,751 children in a FINSA had a prior history of substantiated abuse and neglect (table page 28) compared to 12.5 percent, or 5,737 out of 45,987 children in an investigation (table page 28).
- 0.9 percent, or 148 children out of 16,751 included in a FINSA were placed in foster care (table page 29).
- 11 percent of FINSA cases were subsequently investigated (compared to 15 percent of all investigations). However, cases in the FINSA track and with unsubstantiated findings were closed and less likely to have a subsequent substantiation (32-34 percent versus 56 percent of substantiated investigations) (page 26).
- Cases in the FINSA track and investigative track had slightly fewer issues of drug abuse and family violence (table page 29).
- Cases served in the FINSA track were just as likely as investigations to receive in-home services.

The results of this formative evaluation do not support the conclusion that Kentucky has achieved consistency in using the FINSA and that the outcomes are consistent with the track of the case. In fact, families are likely to have inconsistent experiences with the agency based on the track of the case at initial intake. A family with low-risk of child abuse and neglect (identified after assessment) has a nearly 63 percent chance of being included as an investigation. Once investigated, about 6.1 percent of these low-risk families are found to have substantiated abuse. Low-risk cases in a track would not be substantiated.

There are also inconsistencies in the interventions and subsequent reports of abuse and neglect. Some children in the FINSA track are placed in foster care, cases with more than four referrals are more likely to have subsequent investigations, and cases with previous substantiations are taken as FINSAs.

**Future Plans**

The MRS is expected to change, particularly as the new assessment tool - Dynamic Family Assessment (DFA) - is implemented. The DFA was developed with the recognition that assessment is a dynamic process. This assessment is envisioned as an integrated series of standardized rating scales (developed based on the research literature and staff expertise) and narrative summaries used for evaluating immediate safety risk; family protective capacity; extent of maltreatment; family strengths, needs and stressors; adult protection and maltreatment; child strengths, needs and functional status; progress on case plans; and barriers and movement toward permanency.

In determining the way in which MRS will change, consideration will be given to the use of FINSAs, acceptance criteria, downgrading investigations into FINSAs for cases that are lower risk than initially assessed, and terms in the risk matrix used to determine risk factors upon intake of a child protective services report.

Per Kentucky’s Child and Family Services Plan for fiscal years 2005-2009, task CFSP1.5.e reads, “Develop workgroup to review MRS, and make recommendations and/or plan for revisions to MRS.” The anticipated timeframes run through September 2007.
Impact on Front-Line Practice
Workers like that FINSA allows them to engage families on a different level. They feel as if it takes away some of the stigma from CPS. Other workers think that the intent of implementing FINSA is sometimes lost because there is a level of confusion about the program (E. Caywood, personal communication, August 10, 2005).

Implementation Challenges
MRS changed the way CPS conducted business. Large organizational change is not always readily accepted and it is a slow process. People had different interpretations of what MRS should be. It was also a long process for the data to reflect implementation of MRS, especially FINSA.
Louisiana

Title of Model/Referent: Dual Track/Child Protection Assessment Pilot

Child Welfare Administration: State Administered

Differential Response Implementation: Multiple Sites

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Origins
Like many other states across the nation, in the mid 1990s, Louisiana experienced increases in child abuse and neglect referrals. In 1995, the Louisiana Legislature responded to this increase by passing legislation that allows for an alternative response for low-risk cases. The state, in coordination with the Office of Community Services (OCS), Louisiana’s child welfare protection agency under the Louisiana Department of Social Services, created guidelines for an “alternative response” approach. Thus, the Dual Track/Child Protection Assessment Pilot began in 1999 in Jefferson and Orleans Parishes.

Description
All reports of child abuse and neglect in Louisiana are made to local Child Protective Investigation (CPI) units. The CPI intake worker screens the reports and assigns a level of risk to each report using the CPI Intake/Risk Assessment/Data Entry (CPI-1) form. This form is a tool used throughout the state to document the intake as well as the level of risk for child abuse and neglect. Since the CPI-1 is used statewide, and dual track is currently implemented in only Jefferson and Orleans Parishes, intake workers in these parishes document on the form that the case is being assigned to either the investigation or family assessment track.

In Jefferson and Orleans Parishes, high- and moderate-risk cases follow the traditional investigative track and low-risk cases are assigned to the assessment track. For an assessment, the family is to be contacted within 10 days of the report; however, supervisors can require a quicker response depending on case circumstances.

In the assessment track, the family is contacted over the telephone to schedule an appointment with the assessment worker. In Jefferson Parish there are six assessment workers employed by OCS. Assessment workers in Orleans Parish are contracted through Kingsley House, a community-based organization.
The initial contact with the family is usually over the telephone to schedule an appointment for a family interview. A form letter is also sent to the family notifying them that a report has been made to CPI and an assessment will be conducted. The worker partners with the family to identify their needs and tries to match them with community resources. For example, based on the information reported for a report of domestic violence, the worker can choose to interview the family separately.

The status of each case is categorized in accordance with one of the following four closure codes:

- **APT** – Preliminary assessment/assessment terminated
- **ACS** – Assessment completed
- **AFS** – Assessment completed/referral to family services
- **AIN** – Assessment initiated/referral for investigation

If during the assessment the worker suspects that the child is in greater harm than initially assessed, the case immediately transfers to the investigation track, prompting an investigative worker to take over the case. Supervisory approval is needed to change an assessment into an investigation.

**Evaluation/Results**

Assessment cases were reviewed for both Jefferson and Orleans Parishes in 2001 and 2004. The review team for Jefferson and Orleans Parishes consisted of CPS managers and administrators.

The sample selection in 2001 for Jefferson Parish included 20 assessment cases from the West Jefferson Parish office and 10 from the East Jefferson Parish office (Executive Summary, Jefferson Parish Review, 2001). Findings from this sample conclude that one-fifth to one-quarter of all sample cases had a history of prior valid investigation. Most of the referrals that were assigned to assessment were neglect cases, although in West Jefferson, physical abuse accounted for 40 percent of the assessment cases. The APT code, closing an assessment case, was found by the reviewers to be used incorrectly and prematurely. In almost all cases reviewed, the assessment resulted in only one face-to-face contact between the worker and a family member, and a follow-up phone call with contacts for services occurred in only half of the cases.

Differences between East and West Jefferson are also shown in case closure, appropriateness of the worker, and service delivery. In the East Jefferson sample, 90 percent of cases had been open over 60 days, compared to half of the cases in West Jefferson being closed within 60 days. The East Jefferson sample also showed that 70 percent of services were provided as compared to the West Jefferson sample in which only 50 percent of services were provided. Reviewers determined that the assessment worker's response to the family was not appropriate in 70 percent of the reviewed cases from East Jefferson, compared to 55 percent of the cases reviewed from West Jefferson. Some of the reasons given by the reviewers for these inappropriate responses by the assessment workers include failure to adequately address or uncover the core problems during assessment and prematurely closing the case.

A 3-year follow-up review produced mixed results – some improvements had been made but many of the same problems existed or worsened since the 2001 review. As in the 2001 review, neglect was the referring reason for many cases, although physical abuse made up 47 percent of the allegations assessed in West Jefferson compared to 40 percent in 2001 (Executive Summary, Jefferson Parish Review, 2001). The length of time between the acceptance of a report and the initial contact between the worker and family increased. Contact between the worker and the family within the 5-day mandated period after the acceptance of a report dropped from 41 percent shown in the 2001 review to 25 percent in the 2004 review. In other words, only 25 percent of reports were responded to within 5 days of report acceptance. In addition, the 2003 review showed that the average length of time for first contact between the worker and the family was 14 days. Also, as shown in the 2001 review, less than 66 percent of reviewed cases had been closed within 60 days of case acceptance. The 2003 review showed that less than 7 percent of cases were closed within 60 days. The summary of findings in 2004 also suggest that the APT code was used incorrectly as 100 percent of cases from the East Jefferson sample were closed APT after the worker met with the family. The reviewers state that this may be the case because CPI may be screening cases that might not need intervention. Since 100 percent of cases were closed APT in East Jefferson, no services or referrals were provided. West Jefferson, however, improved in service delivery by 10 percent since 2001.
Case closure and the appropriateness of workers also showed some improvements and setbacks. Case closure averaged 65 days in East Jefferson (an improvement) and 126 days in West Jefferson (a decline). Workers’ handling of the situation improved dramatically as 100 percent of the reviewed cases were deemed as appropriately handled in East Jefferson and 89 percent of cases were deemed appropriately handled in West Jefferson.

Like Jefferson Parish, the Kingsley House Review for Orleans Parish was conducted in 2001 and 2004. The review team found that in 2001, 50 percent of cases on the assessment track were neglect cases and 42 percent were cases of physical abuse. APT was also the most commonly used closure code followed by AIN (assessment initiated/referral for investigation) at 64 percent. Only 14 percent of findings had ASC (assessment completed). Sixty-nine percent of cases were open for 60 days or less and 58 percent of families that received an assessment also received services, although 42 percent did not. In 2004, ASC (assessment completed) was the most common finding, followed by AIN. This is a significant improvement over 2001. However, only 8 percent of families received services during assessment — a tremendous drop from 58 percent in 2001.

Future Plans
According to Walter Fahr, CPI program manager, the future plans for dual track are unclear at present (personal communication, June 20, 2005). There has been talk of expansion but currently the plan is to continue to move forward with Jefferson and Orleans Parishes and perhaps other jurisdictions as well. More qualitative measures will be conducted in the future and Kingsley House is working more closely with outcome measures and the assessment process using the Children's Bureau of Southern California's Family Assessment Form: A Practice-Based Approach to Assessing Family Functioning. The emphasis is to improve the quality of interaction between the assessment worker and the family.

Impact on Front-Line Practice
The implementation of the dual track in Jefferson Parish occurred following 1 1/2 years of planning. Workers were very prepared as a result of this extensive planning process. The year and a half of planning was spent on making certain Jefferson Parish CPI was still in compliance with the law and CPI standards. Workers had to adjust a new method of interacting with the family (e.g., getting permission from a member of the family to interview the child and setting up an appointment for the worker to come to the home). This was a departure from traditional investigation in which consent is not required and home visits are unannounced. Another obstacle the workers faced was the lack of training in alternative response and conducting a family assessment.

In Orleans Parish, a request for proposal was sent to agencies to conduct assessments. Kingsley House, the second oldest social service agency in the country, was awarded the contract. Kingsley House is one of the original sites for family preservation and empowerment in the late 1980s and 1990s (W. Fahr, personal communication, June 20, 2005). For workers at Kingsley House, the transition to conducting assessments was easier than it was for the CPI workers at Jefferson Parish as the approach was consistent with the organization's mission. The original contract with Kingsley House was for 3 years. For the current year, a 1-year contract was approved to assess needed program improvements, which will ultimately impact the final decision for the continuation of the program.

Implementation Challenges
The major implementation challenge was to do a better job involving the community and informing community partners about the change. A second challenge is locating training resources for staff in engaging clients in the assessment process and skill development in family interviewing and conducting family assessments. According to Walter Fahr, “these organizations need to be involved early on in the process instead of later.”
Minnesota

Title of Model/Referent: Family Assessment Response

Child Welfare Administration: State Supervised, County Administered

Differential Response Implementation: Statewide

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Origins
Prior to the development of a differential response, Minnesota applied an investigative response to all accepted reports of child maltreatment regardless of the seriousness of the report. The majority of these reports alleged neglect and did not result in determinations of child maltreatment. During the mid-1990s, Minnesota began piloting child welfare reform efforts that could respond more flexibly to the varied circumstances of the families it served. These pilot programs focused on early intervention in child abuse and neglect cases using nontraditional methods. Based on encouraging results, the Minnesota Legislature passed legislation permitting counties to implement Alternative Response (AR). Minnesota Statute, Section 626.5551, Alternative Response, authorized local welfare agencies to offer a family assessment response to reports not alleging substantial child endangerment. The legislation authorized the Department of Human Services to develop guidelines for implementation of alternative response (www.dhs.state.mn.us; Bulletin 00-68-4; 03-68-02).

During the 2005 legislative session, guidelines were integrated into the Reporting of Maltreatment to Minors Act (Minnesota Statute 626.556). Under AR, a family assessment is used to determine the safety of the child and the risk of maltreatment, and to identify family needs and strengths. No determination concerning child maltreatment is applied.

In 2001, 20 counties participated in the alternative response demonstration (Loman & Siegel, 2004) funded in part by The McKnight Foundation with additional contributions from federal, state, and county sources. Twenty counties, representing 70 percent of the state's child maltreatment reports, were approved to participate based on proposals they submitted to the Department of Human Services (Johnson, Sutton & Thompson, 2005). Since February 2004, AR has been implemented in all 87 counties statewide (Johnson, Sutton & Thompson, 2005).

Description
Minnesota defines alternative response (AR) as a “strength-based and community-oriented approach to addressing child maltreatment reports that do not meet Minnesota statutory requirements for a mandated investigative approach” (Minnesota Department of Human Services [DHS], 2000, p. 5). The goal of alternative response is to keep the child safe by working with both the child and the family to meet their needs.
The local county welfare agency screens an accepted child maltreatment report and determines the response track using a statewide screening tool. The tool assigns all reports alleging substantial child endangerment to the traditional investigative track. All other reports may be assigned to the family assessment track. As of March 2005, 42 percent of all accepted reports receive a family assessment response.

Olmsted County was an early initiator of alternative response, beginning with a pilot project in 1997 and going to countywide implementation in January 1999, two years earlier than the state's pilot program in 20 counties. Olmsted County uses their family assessment response to address approximately 90 percent of their child maltreatment reports of child exposure to domestic violence.

Olmsted County CPS recognizes the overlap between domestic violence and child maltreatment. It has been shown that “there is a reported 40 percent to 60 percent overlap between intimate adult partner abuse and child maltreatment” (Edelson, 1999 as cited in Sawyer & Lohrbach, 2005). In cases in which domestic violence is present, instead of criminalizing the parent who could not protect the child, as in many instances is the outcome of traditional response, alternative response works with other community agencies to ensure child safety through the safety of the mother. Three interagency forums operate within Olmsted County to ensure child safety through a mother's safety, and a coordinated system of investigation and services (Sawyer & Lohrbach, 2005).

The Intervention Project for Domestic Assault (IPDA) coordinates law enforcement and court activity specific to domestic violence. The Domestic Violence Consortium includes representation from child welfare, adult probation, women's shelter, and community service providers to coordinate support and treatment services. The Family Violence Council’s membership includes representation from schools, churches, and medical facilities (Sawyer & Lohrbach, 2005).

The RED team — an acronym for review, evaluate, and direct — is responsible for screening reports and directing accepted child maltreatment reports to either a traditional or family assessment response. If a family is experiencing domestic violence within the home, their case will be assessed by the Domestic Violence Response Team (DVRT). DVRT came about as a public/private partnership between Family Service Rochester and Olmsted County Child and Family Services. DVRT has a team of eight child protection social workers trained in working with both victims and perpetrators of domestic violence. They provide case consultation and support for workers who work with families in which domestic violence is present. In addition, their knowledge of the Temporary Assistance to Needy Families (TANF) program is crucial in providing help and access to financial support to those who are ready to leave violent relationships and restart their lives.

Evaluation/Results

Loman and Siegel (2004) conducted a program evaluation researching the process, impact, and the cost effectiveness of alternative response (AR). Their study began in 2001 and ended in 2004. The impact evaluation was limited to 14 of the 20 pilot counties, who agreed to maintain a control group.

The process study evaluated the implementation of AR, the reorganization of offices to accommodate the new approach and the reaction of workers, families, and community stakeholders. Data on families were collected from multiple sources, including Minnesota’s Social Services Information System, surveys of Child Protective Services (CPS) workers about specific families and surveys of the primary caregivers of families. Surveys of workers about specific families were conducted on a sampling basis permitting detailed information to be assembled on a total of 690 families. Surveys of family caregivers were also conducted on a sampling basis, and responses were received to the first family survey from 473 experimental and 376 control families (Loman & Siegel, 2004). Caregivers were asked about their sense of participation in and satisfaction with the process, services and other assistance they received and other questions concerning the welfare of their children and families. General surveys were conducted of CPS workers at the beginning and at the end of the demonstration about, among other topics, how AR affected their approach to families and their views of their work. Surveys of community stakeholders were also conducted at the beginning and end of the project.

The impact analysis was based on comparison of outcomes for families randomly assigned to experimental (n = 2,860) and control (n = 1,305) groups. The analysis examined whether outcomes of families participating in AR were
significantly different from those of families receiving a traditional CPS investigation. Changes in child safety were determined based on assessments of workers. Additional outcomes considered included provision of post-assessment services during the initial case with the family, subsequent reports of child abuse and neglect, and removal and placement of children in later cases.

A cost analysis considered whether the cost of implementing AR exceeded the cost of the traditional response. Direct and indirect costs for samples of alternative response and traditional response families were tallied during the initial case and during a follow-up period after that case had ended.

Major findings of this study included:

1. More families reported higher levels of satisfaction with AR compared to traditional investigations.
2. Most workers reported higher levels of satisfaction under AR compared to traditional investigation and reported that AR was a more effective way of treating families with reports of child neglect and abuse.
3. Short-term child safety did not decline under AR, and there were indications that safety improved.
4. Families provided with AR received more assistance in services, especially financially related services such as paying rent, basic household needs, and emergency assistance than the families provided with a traditional investigation.
5. Families receiving AR were less likely to have subsequent new reports to CPS than the control group.
6. Families that received AR had significantly fewer children removed and placed out-of-home during subsequent cases.
7. AR was shown to be more costly during the initial case than the traditional response but less costly during the follow-up period, primarily because fewer new reports were received and fewer children were later removed and placed. Combining all costs, AR was on average less expensive than the traditional approach.

Future Plans
The positive evaluative findings of alternative response lead largely to the statewide implementation of the Family Assessment Response Program. The Minnesota Department of Human Services is currently piloting and studying a parent support outreach program. This pilot will continue to test the impact of early intervention on families at risk of child maltreatment initiated under the alternative response program. The parent support outreach program is directed toward families with one or more children aged 5 and under who were reported but screened out for child maltreatment concerns. “Approximately 35 percent of screened out reports in Minnesota involve preschool age children” (Johnson, Sullivan & Thompson, 2005). This parent support outreach program recognizes that particularly young children are most vulnerable to the effects of inadequate supervision, parenting, nutrition, and healthcare. Under this new third track, counties will be able to assist families by connecting them to community services that will better address their needs.

The parent support outreach program is funded through the partnership of The McKnight Foundation and the Minnesota Department of Human Services. This partnership provides counties with service grants, training, and technical assistance. The parent support outreach program will be formally evaluated (Johnson, Sutton & Thompson, 2005).

Impact on Front-Line Practice
The results regarding impact on front-line practice are discussed in the follow-up to the 2004 Minnesota Alternative Response Evaluation Final Report. It reports that as workers grew more experienced with using AR, the more positive they felt about it. Workers also liked that AR focused more on family strengths and that they were able to help families obtain services quickly and secure immediate assistance. One in five workers reported that in the initial phase, workload increased. However, this represents a minority compared to those who reported no change, small increase, or small decrease in workload (Loman & Siegel, 2005).
Missouri

Title of Model/Referent: Family Assessment and Response System

Child Welfare Administration: State Administered

Differential Response Implementation: Statewide

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Origins
Differential response came about as a response to the growing number of reports of child abuse and neglect in Missouri. The Missouri Division of Family Services (DFS) recognized that in order to best serve distressed families in need, a flexible response system was needed to address the different levels of risk associated with child abuse and neglect. In 1994, the Missouri Senate passed Senate Bill (SB) 595. SB595, which allowed DFS to develop a dual response system in which it could collaboratively work with community-based organizations to help reduce further risk of child abuse and neglect (http://www.mofact.org/resources/595lessn.htm#dualresponse).

Description
In Missouri, reports of child abuse and neglect are made through calls to a statewide hotline. All counties, before the Family Assessment and Response System (FARS) pilot, handled reports of child abuse and neglect by launching an investigation and substantiating whether abuse or neglect occurred.

The FARS demonstration was piloted in 14 small and medium-sized counties including parts of St. Louis City and St. Louis County (Loman & Siegel, 2000). In pilot areas, the child abuse and neglect report hotline sent reports to the local child welfare agency office to screen the family for either a family assessment or investigation. This procedure was later changed to conduct the screening during a hotline call in order to increase consistency in the number and types of cases sent to each track.

If the hotline screener determines there is no immediate risk to the child and low risk of future harm, the family is placed on the family assessment track. Unlike traditional investigation, FARS cases do not have a finding of abuse or neglect but show whether there is a need for services. If the family does not want to receive services, or if the agency
makes the decision that no services are needed, the case is closed. If the agency determines that the family does need services, and the family consents, the family is either referred to a community-based organization or assigned to a family centered services worker. In some counties, the assessment worker that opened the case provides services. Different counties handle who provides ongoing services depending upon the family’s needs and the agency’s organizational structure.

Cases can also change tracks. For example, if a case is assigned to FARS and the worker finds that the risk to the child is greater than initially assessed, the case can then be changed into an investigation. On the other hand, if the case is screened for investigation and the worker feels there is no immediate harm to the child, the worker can switch the case to FARS. Under FARS, if services are needed past the 30-day period, a formal case is opened.

**Evaluation/Results**

The FARS program evaluation consists of two components. The first component measures the pilot counties two years prior to implementing FARS and compares this baseline to results taken two years after implementation. The second component analyzes the results between the demonstration group and the comparative group, or the counties that were not part of the pilot program.

One of the most significant findings was that hotline reports declined after the introduction of FARS in demonstration areas. Compared to the two-year period before counties piloted the FARS program, the demonstration group’s average number of calls per month dropped from 816 to 759. There are two explanations given for this decrease in hotline reports: a reduction in recidivism, and efforts made by the child welfare agency during the pilot program to establish stronger ties with other public agencies such as schools and community agencies (Loman & Siegel, 2000).

Loman & Siegel's follow-up study (2004) on differential response in Missouri reaffirms findings in their 2000 Final Evaluation report. The 2000 final report follows families in both the demonstration and comparison counties for five years. Families that were part of the demonstration continued to show lower rates of hotline reports than comparison families. The follow-up report also shows a high correlation between the family's level of risk determined during screening and the number of recurring reports for both the demonstration and comparative groups. That is, the higher the family's level of risk, the more likely additional reports will be made whether the family is in the demonstration or comparative group. However, overall, the demonstration group had lower rates of recurrence than the comparison group.

Data was collected, using the following sources:

- Analyzed recorded reports from the child abuse and neglect hotline during the baseline period and throughout the demonstration.
- Surveys and interviews completed by families throughout the demonstration.
- Surveys completed by workers regarding families both in the demonstration and comparison groups.
- Surveys completed by service providers and representatives in the community at the start and end of the demonstration period (Loman & Siegel, 2000).

Overall, under FARS, the pilot counties showed a reduction in recidivism, children were made safer more quickly under FARS, and cooperation of families improved. Community representatives felt more satisfaction under FARS and families and workers are more satisfied with this approach. Nearly all pilot workers interviewed wanted to keep the program and reported that their attitudes improved. As a result of the success of the demonstration project, the Missouri state Legislature passed legislation to implement FARS statewide. At the end of 1999, all counties implemented FARS.
Differential Response Improves Traditional Investigations:  
Criminal Arrests for Severe Physical and Sexual Abuse, May 2005  
(http://www.iarstl.org/papers/DiffRespAndInvestigations.pdf)

This study involved an analysis of criminal arrests in cases of child sexual abuse and severe and moderate physical child abuse cases in Missouri. Under the Family Assessment and Response Demonstration, most reports received a non-adversarial home visit. This resulted in more focused and intense investigations of the minority of reports where criminal or at least very serious abuse and neglect of children were suspected. The emphasis of the demonstration was on pursuing criminal charges in such cases, and criminal arrests were seen as the first step in that process. The study compared a sample of perpetrators in investigated cases in demonstration offices with similar cases in comparison offices, where the traditional approach of investigating all reports was still being pursued. Results supported the hypothesis that limiting the number of child abuse and neglect investigations can lead to more intense investigations that are more likely to lead to criminal prosecutions of perpetrators.

Future Plans
Legislation and the Institute of Applied Research's longitudinal study and evaluation cemented Differential Response within Missouri's child welfare system. Since FARS proved to be cost neutral, financial hurdles were not a barrier to sustaining the approach. Some staff did feel that results in other states were enhanced when a fiscal note was attached to the legislation.

Impact on Front-Line Practice
The impact on practice was tremendous. Staff felt that they were able to better engage families earlier and provide services sooner and in a less intrusive manner. Workers felt they were doing “real” social work. Families were more interested in the help that was being provided and the services were individualized to meet the family’s needs. In addition, families felt more comfortable asking for help and the community had a more positive attitude about the child welfare agency. Staff started asking to be transferred to the FARS unit where previously few volunteered to work (E Johnson, personal communication, June 22, 2005).

Implementation Challenges
There were screening discrepancies for reports being placed on FARS within counties and statewide. Loman & Siegel (2004) found that Jefferson and St. Charles County, over the 8-year evaluation period, had consistently high rates of reports assigned to FARS. However, Barton and Cedar Counties reported variation in the number of reports assigned to FARS over the 8-year evaluation period.

Supervisors and child protection supervisors in county offices completed surveys about their feelings towards FARS. Respondents who were positive about FARS came from counties in which at least 60 percent of reports were screened for FARS. Conversely, respondents who had mixed or negative feelings about FARS came from counties that screened less than 50 percent of their cases to FARS (Loman & Siegel, 2004). Also, counties in which there were a low number of reports screened for FARS also reported some confusion in the screening process and lack of training and time to implement FARS sufficiently.
North Carolina

Title of Model/Referent: Multiple Response System (MRS)

Child Welfare Administration: State Supervised, County Administered

Differential Response Implementation: Statewide

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Origins
The origins of multiple response systems (MRS) are multi-faceted and stimulated by several influences. The primary driving force that led to the creation of MRS was the dual focus of North Carolina's family support and child welfare system and its 100 county Department of Social Services partners to ensure safe, permanent, nurturing homes for children while improving the lives of their families.

A secondary driving force was the 2001 Federal Child & Family Services Review of each state's child welfare system. As a result of the findings, North Carolina was placed under federal program improvement status. The MRS became a critical and core component of North Carolina's federal improvement plan. As a result of the change in practice, North Carolina is no longer in federal program improvement status, and is not subject to any financial penalties.

In 2001, the Family Support and Child Welfare Division was also required by the North Carolina General Assembly to develop a plan to work with county departments of social services to implement an alternative response system demonstration project. The demonstration project began with 10 counties.

In 2001, the North Carolina Legislature made special provisions in the child abuse and neglect general statutes authorizing 10 county departments of social services to use family assessment tools and family support principles when responding to selected reports of suspected child neglect. In 2002, this authorization was expanded to include reports of dependency. In 2003, the special provisions language was again revised to allow for the increase in the number of county departments of social services authorized to participate in the demonstration project from 10 to 52 of North Carolina's 100 counties. In May 2005, the North Carolina general statutes were revised to statutorily define a “family assessment response” and an “investigative assessment response.” This revision effectively allows all 100 county departments of social services to implement the MRS in their counties. The revised statutes went into effect in October 2005, and were fully implemented in January 2006.
Description
MRS allows for two responses to reports of child maltreatment: the investigative track and the family assessment track.

The family assessment track uses a prevention-oriented approach to neglect and dependency reports and responds to indicators of anticipated problems, as well as the specific reported incident. This includes reports concerning situations in which meeting certain needs could stabilize the family and enable the parents to better care for their children. Reports assigned to the family assessment track are not substantiated and a parent or caretaker's name is not entered into the central registry system. Without expanding existing state definitions of abuse or neglect, MRS allows social workers to assist families in the assessment track without a formal determination of abuse or neglect. Substantiation is not required for a family to receive services.

In both tracks, the family actively participates in the completion of a series of structured decision-making tools that provide a comprehensive evaluation of the family's strengths and needs. These strengths and needs, as well as the child's safety and risk for future maltreatment dictate service provision.

MRS provides a system that: 1) engages families in their own assessments and service planning; 2) provides for consistency of decision-making in all service areas, by all social service agencies throughout the state; 3) addresses the underlying needs of individual families as well as the reported incident; 4) uses existing personnel and fiscal resources to their greatest capacity; 5) accurately identifies a family's unique needs and provides the necessary services as quickly as possible; and 6) provides for community and interagency collaboration.

The MRS system represents a strategic interdependent foundation of service provision based in family-centered practice. Implementation of a strengths-based, structured intake process asks reporters to identify a family's positive characteristics and resources as well as safety concerns.

The collaboration between Work First, North Carolina's Temporary Assistance to Needy Families Program (TANF), and child welfare programs decreases the number of times family members need to repeat the same information to different people in the same agency. Ongoing services through Work First reduces the number of children needing CPS and placement services by preventing re-reports and recidivism.

A redesign of in-home services identifies a family's safety concerns, risks for future maltreatment, and ongoing needs. This phase of child protective services provides the greatest opportunity to prevent the future maltreatment of a child. The foundation for in-home services is that every family is unique and distinctive, has its own culture and set of norms, and functions differently. The family partners with the social worker that completed the assessment to ensure that everyone is working together towards a plan to meet its unique needs.

Child and family teams (CFT) improve the agency's decision making process; encourage the involvement, support and “buy-in” of the family, extended family, and the community; and develop specific, individualized, and appropriate interventions for children and families. The membership of the CFT is identified by and with the family, committed to the child and family, and invested in helping them change. It engages families in the planning process, jointly develops specific safety plans for children at risk, and designs services and supports for families. CFT meetings are convened by the social worker to develop or update the service agreement anytime a significant decision is to be made that impacts the child or family, or when there is reason to believe that there is a need to discuss a child's health, safety, or permanence. CFT meetings use a trained facilitator to manage the meeting and model the respectful and inclusive process of family-centered practice.

Another essential element in timely permanence is the relationship between the birth parents and the foster parents. Shared-parenting meetings between the birth parents and foster parents ensure that the partnership has a strong beginning and is supported by the agency. They are held within the first week of placement and facilitated by the investigative/assessment social worker. They provide the birth parents the opportunity to share what they know their child’s needs are with those who will be providing foster care. Shared-parenting meetings also provide the first and best opportunity to plan for visitation and contact between the birth parents and their child, initiate the case planning process, and meet the child’s needs through a relationship between his birth and foster parents.
Evaluation/Results
In 2003-2004, Duke University’s Terry Sanford Institute of Public Policy, Center for Child and Family Policy conducted an evaluation that found MRS:

- has not adversely affected the level of children’s safety,
- has not significantly altered the Division of Social Services’ initial response or decision making time frames,
- has not altered the length of time from report to the initiation of services, and
- allows for better coordination and communication across agencies.

The evaluation also found that:

- 100 percent of the families reported that the CPS worker treated them in a respectful or very respectful way.
- 99 percent responded that they were generally satisfied or very satisfied with the help that they received.
- 95 percent of the families agreed or strongly agreed with the statement that the social worker identified strengths in the way that they raised their children.
- 98 percent agreed or strongly agreed that they were involved in the decisions that were made about their family and children.
- 42 percent of families reported participating in child and family teams.

Social workers reported that:

- MRS is more respectful to the families than the traditionally used approach.
- In using MRS, families are more open, more receptive, less defensive, and less resistant than they were previously.
- The family's whole situation is taken into consideration, and not just the specific incident.
- Families are offered many needed services that they would not otherwise receive.
- Social workers and supervisors are allowed greater flexibility in decision making and service delivery.
- Child and Family Teams (CFTs) allow families the opportunity to take charge of their family and to work with other professionals to meet their existing needs.
- When used consistently, CFTs were described as “god-sent,” “the resource that safeguards safety,” and time savers.

Future Plans
The Division plans for statewide implementation of MRS effective January 2006. Efforts are being made through legislation, evaluation, training, and program support to accomplish and sustain this effort.

Legislation has been enacted to allow for the statewide expansion effective in late 2005, with an implementation date of 2006. The General Assembly allocated $5,000,000 in its last session for county agencies to hire additional CPS social workers, in an effort to reduce worker caseloads. This funding resulted in caseload sizes of 12 cases per CPS social worker in non-MRS counties and 10 cases per CPS social worker in MRS counties. In 2005, the Division sought funding sufficient enough to reduce all CPS caseloads down to the ratio of 10 cases per social worker. Language in this legislation supports the family-centered philosophy of one worker keeping the case through the assessment process and into the provision of ongoing in-home CPS services.

The Division has contracted with Duke University to continue its evaluation of MRS for the next two years. This evaluation will include design, methods, implementation forms, periodic review and feedback, and a final report. It will use the information and learning obtained throughout the project to create an environment of continuous learning, address the underlying practice issues that affect the outcomes of children and families, and provide the impetus and knowledge to make the necessary system change. The plan for evaluating the project will follow the participatory action research (PAR) model, which strengthens the relationship between the evaluator and the community. PAR is a continuous process of data collection, reflection, and feedback based on the active involvement and leadership of families, program staff, and other stakeholders.

The Division has developed and implemented a comprehensive training plan in conjunction with the pilot counties and the Division's contract training partners. Training for the Multiple Response System is designed to meet the
complex needs of line staff, supervisors, and program administrators of county departments of social services. It also may serve to assist other program areas in the agencies as well as their county partners as they strive to implement family-centered practice in their program areas. This represents a concentrated effort to understand the component parts of North Carolina's system reform and then to focus on how family-centered beliefs translate into behaviors, actions, and practices by everyone in the community human services system. Training continues and is now being provided to the fifty-two demonstration counties as well as the forty-eight non-MRS counties.

The Division also provides ongoing consultation to the county social services agencies to assist them in their implementation of MRS, primarily through regionally assigned “field” staff members. These are Division “home-based” employees with experience and knowledge in child welfare and Work First family assistance programs tasked with providing support and consultation to each county agency.

The Division employs an MRS Program Coordinator to manage the statewide implementation. This position will be supported by the addition of a newly hired MRS policy consultant in the summer of 2005. The Program Coordinator holds monthly regional meetings of the MRS counties to facilitate group learning and consistent communication. The Division also maintains an MRS web page (http://www.dhhs.state.nc.us/dss/mrs/index.htm), an MRS listserve (mrs@lists.its.state.nc.us), and a dedicated MRS e-mail account (nc.mrs@ncmail.net) to supplement its efforts to provide adequate program support to the counties.

**Impact on Front-Line Practice**

The following have been noted:

- The social workers and the services they provide are more family-centered than they used to be, resulting in families being engaged earlier.
- Agencies are getting more law enforcement cooperation and understanding of one another's roles through the implementation of “Memoranda of Agreement.”
- Fewer CPS assessment cases are being substantiated or found to need services, and therefore many agencies are experiencing a reduction in their ongoing CPS in-home services caseloads.
- Frontloading services to families results in greater client satisfaction and fewer repeat reports on the same families and issues.
- As a result of frontloaded services, the family assessments take longer than forensic assessments to complete.
- In some agencies, resistance to change by social workers was initially strong but appears to decrease with experience.
- The use of child and family team meetings has proven to bring families, agencies, and community supports together to hold one another accountable and use all available resources most effectively.

**Implementation Challenges**

Some challenges include:

- Reorganization of some type was necessary to manage resources and caseloads.
- Family-centered practice cannot be delivered from 8:00 a.m. through 5:00 p.m., Monday through Friday. Organizational and scheduling flexibility is critical to meeting the needs of families.
- Input and buy-in from line social workers is very important.
- Public education is crucial to implementation.
- The lack of agency and community resources and preventive services severely limits what can be offered to families.
- It is very difficult for social workers to conduct CPS assessments and provide ongoing in-home services given the current caseload standards.
- Child and family team meetings are difficult to organize and maintain but well worth the effort as children and families are better served and protected through their use.
- It is difficult to provide facilitators due to staff shortages and financial limitations.
- Shared parenting is another very difficult aspect of MRS to implement due to a lack of understanding among stakeholders (social workers, foster parents, and birth parents).
- Ongoing training and the ultimate institutionalization of shared parenting concepts and importance is vital.

(T. Troop, personal communication, June 21, 2005)
Oklahoma

Title of Model/Referent: Child Protective Services (CPS) Assessment
Child Welfare Administration: State Administered
Differential Response Implementation: Statewide

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Origins
In 1999, the Oklahoma Legislature passed Title 10 O.S. §7102 that allows for an alternative response to reports of suspected child maltreatment. The alternative response system was enacted to help workers more effectively manage their workloads and intervene with families who are determined to be “low-risk.”

This statute allows the Oklahoma Department of Human Services (OKDHS) to respond to reports of alleged child abuse or neglect that do not constitute a serious and immediate threat to the child's health, safety, or welfare. The assessment includes, but is not limited to, an evaluation of the child's safety and a determination regarding the family's need for services.

The CPS Assessment model was implemented statewide in 1999.

Description
When a report is accepted for investigation or assessment, it is assigned to one of three different priority levels. The priority guidelines specify the timeframe in which a response by CPS is required.

Priority level 1 is assigned to reports with the highest risk of immediate danger to the child. These reports are responded to within 24 hours. If a complete assessment or investigation cannot be conducted, a safety measure is put into place, such as removing the alleged perpetrator from the home.

Priority level 2 is assigned to reports with moderate risk indicating no immediate danger to the child but the possibility of elevating to a high risk level if intervention does not take place. Priority 2 reports are responded to within 48 hours to 15 calendar days from the time the referral is received.

Priority level 3 is assigned to reports in which there is no immediate detection of harm or danger to the child. Priority 3 reports are responded to within 15 to 30 days of the referral.

Priority 2 and 3 referrals are most likely to receive an assessment when no injuries have been alleged or when minor physical injury not requiring medical attention resulting from excessive discipline to a child 5 years of age or older has been reported. Other examples of reports that receive an assessment include, but are not limited to, reports of neglect,
such as unexplained absences from school and inconsistency in meeting the child's food, housing, and supervision needs.

It is the approach to the family that differentiates an assessment from an investigation. The worker can make initial contact with the family to see the alleged victim in the home rather than a neutral setting such as school or childcare. The family can be interviewed together, rather than separately, as occurs in an investigation. No findings are made in an assessment. If the family receives a referral for services, the service provider may be child welfare or an outside community-based agency.

Certain types of reports, including third party perpetrators, bypass the assignment to the investigation or assessment track and are directly referred to law enforcement. These reports are entered in the KIDS system, Oklahoma's statewide automated child welfare information system, as a screened out referral and remain in the computer database. In Oklahoma, the authority of OKDHS in the CPS investigative or assessment process pertains to allegations of child abuse or neglect by the person responsible for the child. As defined by state statute, A “person responsible for the child” is a parent, legal guardian, custodian, foster parent, any other adult living in the home, an operator or owner of a child care home or facility, or an employee of an institution or facility providing 24-hour residential care. A third party perpetrator is an individual who is alleged to have abused or neglected a child but who is not the “person responsible for the child” (e.g., school teacher, boy scout leader, neighbor, etc.). Any time OKDHS receives a report involving a third party perpetrator; the report is documented in KIDS, screened out, and referred to law enforcement.

Evaluation/Results
The Oklahoma Department of Human Services is looking into evaluating and measuring recidivism, what types of families are assigned an assessment, and if a need for substantiation of child abuse and neglect is warranted (N. Ramsey, personal communication, June 23, 2005).

As of summer 2005, an evaluation by program staff had not been conducted. However, the Urban Institute of Washington, D.C., selected Oklahoma to conduct a study of its alternative response system in a rural and urban county. Results of this study should be completed by fall 2005 (N. Ramsey, personal communication, June 23, 2005).

Future Plans
Oklahoma state statute requires that OKDHS have an alternative response system; therefore, this program will be ongoing. A task force comprised of child welfare supervisors and workers will be in place by fall 2005. The task force will be reviewing and making recommendations to the CPS assessment instrument and policy.

Impact on Front-Line Practice
During training sessions on the CPS assessment model, input from field staff was positive. Most indicated they liked the family-centered philosophy of service delivery and have reported success with engaging families in enhancing their strengths and addressing their needs (N. Ramsey, personal communication, June 23, 2005).

Implementation Challenges
Changing the mindset of front-line supervisors and workers to understand the different approach to families when conducting assessments versus investigations has been a challenge. Some workers have reported they are instructed to conduct assessments as “mini investigations.” “We have been training supervisors and workers on the philosophical differences, as well as approaches to practice and anticipate this will have a positive impact” (N. Ramsey, personal communication, June 23, 2005).
Pennsylvania

Title of Model/Referent: Child Protective Services and General Protective Services

Child Welfare Administration: State Supervised, County Administered

Differential Response Implementation: Statewide

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Origins
23 Pa.C.S. (Pennsylvania Consolidated Statute), Chapter 63 (Child Protective Services Law)
55 Pa. Code, Chapter 3490 (Protective Services Regulation)

Description
Mandated reporters are individuals whose occupation or profession brings them into contact with children. Mandated reporters are required by law to report suspected child abuse to ChildLine when they have reason to suspect that a child coming before them in their official capacity has been abused. Suspected abuse of students by school employees is reported to ChildLine by the county agency after they receive the report from law enforcement officials.

Pennsylvania law defines child abuse as any of the following when committed by a perpetrator upon a child under 18 years of age:

- Any recent act or failure to act which causes non-accidental serious physical injury.
- An act or failure to act which causes non-accidental serious mental injury or sexual abuse or sexual exploitation.
- Any recent act, failure to act or series of such acts or failures to act which creates an imminent risk of serious physical injury, sexual abuse or sexual exploitation.
- Serious physical neglect which endangers a child's life or development or impairs a child's functioning.

A perpetrator is defined under the law as a parent, paramour of a parent, individual (age 14 or older) residing in the same home as a child, or a person responsible for the welfare of a child, including a person who provides mental health diagnosis or treatment. A recent act under the law is defined as occurring within two years of the date of the report.
The Department’s ChildLine and Abuse Registry is the central clearinghouse for all investigated reports. County agencies’ staff investigates the reports of suspected abuse. The investigation must determine within 30 days whether the report is:

- **Founded**: There is a judicial adjudication that the child was abused;
- **Indicated**: County agency or Office of Children, Youth and Families regional staff finds abuse has occurred based on medical evidence, the child protective services investigation or an admission by the perpetrator; or
- **Unfounded**: There is lack of evidence that the child was abused.

County agencies have a maximum of 60 days from the date a report is registered with ChildLine to submit their findings.

General protective services assessments are conducted for those incidents that do not meet the level of child abuse as defined above. The majority of the cases that come to the attention of the county agency are those involving non-serious injury or neglect. These cases can include inadequate shelter, truancy, inappropriate discipline, hygiene issues, abandonment, or other problems that threaten a child’s opportunity for healthy growth and development. General protective services are defined as services to prevent the potential for harm to a child who:

- is without proper parental care or control, subsistence, education as required by law, or other care or control necessary for his physical, mental or emotional health, or morals;
- has been placed for care or adoption in violation of law;
- has been abandoned by his parents, guardian, or other custodian;
- is without a parent, guardian, or legal custodian;
- while subject to compulsory school attendance is habitually and without justification truant from school;
- has committed a specific act or acts of habitual disobedience of the reasonable and lawful commands of his parent, guardian, or other custodian and who is ungovernable and found to be in need of care, treatment, or supervision;
- is under the age of 10 years and has committed a delinquent act;
- has been formerly adjudicated dependent under section 6341 of the juvenile act (relating to adjudication), and is under the jurisdiction of the court, subject to its conditions or placements and who commits an act which is defined as ungovernable in paragraph (6); or
- has been referred pursuant to section 6323 of the juvenile act (relating to informal adjustment), and who commits an act which is defined as ungovernable in paragraph (6).

General protective services referrals may be made to either ChildLine or the county agency; however, information on general protective service referrals are not maintained in the state wide central registry. When a report alleging the need for general protective services is received, the children and youth agency conducts an assessment to determine if the child or children are safe and whether or not the family is in need of services. If the safety of the children in the home cannot be determined, the county agency sees the child immediately. Otherwise, the agency prioritizes the response time based on the risk of the children.

Regardless of the type of report, within 60 calendar days, the caseworker completes an assessment to determine whether to accept the family for services, refer the family to a community agency for services, or close the case. These assessments are conducted by the children and youth agency in the county where the incidents occurred. During the assessment period, the caseworker visits the family’s home as often as necessary to complete the assessment and to ensure the safety of the children. The caseworker may make unannounced home visits. Services will be provided or arranged to ensure the safety of the children during the assessment period.

In addition, for both child protective services and general protective services, the child’s safety is assessed and assured. Safety is the condition of being free from immediate physical or emotional harm and is assessed at every contact. The caseworker systematically evaluates the conditions in which a child resides in order to determine whether or not it is safe for the child to remain in those current conditions. A written safety plan is developed with the family that identifies the immediate steps that must be undertaken in order for a child to remain safe in the current living situation (in home or out of home) and includes a method for monitoring compliance with the plan.
The county children and youth agency also conducts a risk assessment to determine if the child is at future risk of maltreatment. The Pennsylvania Risk Assessment Model assesses 15 core factors associated with risk of future harm, including child vulnerability, severity of abuse or neglect, family cooperation, prior abuse or neglect, family violence, substance abuse, and other situational stressors.

The children and youth agency will work with families where there is risk of abuse to decrease risk factors by providing them with counseling, education, and other supportive services. When a need for services exists, cases can be handled in two ways depending upon the risk to the child. Cases where the risk is greater are opened by the children and youth agency and a family service plan that identifies goals, services, and the actions to be taken for the family. Cases where the risk of abuse is low may be closed and the family may be referred to services within the community.

Risk is also assessed every six months at the family service plan review, 30 days before and after a child is returned home, and within thirty days of case closure. Risk and safety are also assessed when circumstances change within the child’s environment regardless of the required timeframe.

**Evaluation/Results**
We have not conducted a formal evaluation.

**Future Plans**
This system has been in effect since 1975. The Child Protective Services Law was amended in 1994 to include additional requirements regarding general protective services.
Title of Model/Referent: Multi-Level Response System (MRS)

Child Welfare Administration: State Supervised, County Administered

Differential Response Implementation: Statewide

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Origins
In spring 2005, the Tennessee General Assembly passed legislation which authorizes and directs the Department of Children’s Services (DCS) to develop and implement an alternative response system entitled the Multiple-Level Response System (MRS). The legislation became effective on July 1, 2005. The origin of this legislation was the study by a group of state legislators of various CPS program models that differentiate how CPS responds to various types of reports of maltreatment. In July 2004, a CPS reform subcommittee of the Legislature’s Select Committee on Children and Youth was appointed, and the subcommittee then convened a broad group of stakeholders (legislative staff, DCS, district attorneys, child advocacy centers, juvenile court representatives, and children’s policy advocates) to develop alternative response system legislation. The bill was drafted and refined over the course of several months, and after introduction in the 104th General Assembly, the legislation received unanimous support from both the House and the Senate.

Description
MRS will be implemented over a 5-year period on a statutorily prescribed timetable for development of demonstration sites: 3-5 sites by July 1, 2006, at least 10 sites by July 1, 2007, and statewide by July 1, 2011. Dyer County in rural west Tennessee and Marion County in the remote mountainous area of southeast Tennessee are set to be operational in March 2006 as the first sites. At least one site in middle Tennessee and one urban site are to be operational by July 1, 2006.

A statewide advisory council is to be formed to track the progress of demonstration sites and to guide the development of state-level policies, rules, and regulations across disciplines found to be needed in order to facilitate the shift and reform in CPS practice. The council shall be composed of representatives of the following offices: the
commissioners of correction, education, health, human services, mental health, developmental disabilities, children and youth, and other state or community-based public or private agencies in family and children programs. This council is authorized to pursue the creation of interagency agreements with appropriate departments and agencies to carry out the MRS development.

Local advisory committees are to be established with the initiation of the MRS in each demonstration site; these committees will perform the same functions as the council on a local, community-level scale. Local committees will be integral in informing the state council on strengths, barriers, and resource needs relative to the shift in practice and their membership will emulate that of the state council with stakeholders from within the respective communities of the demonstration sites.

DCS determines the appropriate level of response when a child maltreatment referral is reported. A screening instrument, created by DCS and approved by the state advisory committee along with information provided in the child maltreatment referral, guides DCS to decide the appropriate mode of response.

- An investigative track will be in place for responding to reports containing allegations of harm to children that is known or reasonably believed to have been caused by brutality, abuse, or neglect – either physical or sexual in nature. With these reports, the department and other authorities will continue conducting investigations as statutorily directed under current law.
- An assessment and assistance track will be available for response to reports containing allegations that do not rise to the level of harm that is statutorily required to be investigated. Department staff will give reports on this track professional attention, and engage in interaction with the children and families in order to determine if and how they may be assisted to eliminate or reduce incidence of maltreatment or risk of maltreatment. Assurance of children's safety will be paramount. Criteria for reports appropriate for assessment are to be developed by DCS.
- A response track for giving descriptive and referral information about community-based support services and systems will be available and provided to reporters whose allegations do not meet criteria for response from the department in either of the two previously described tracks.

Other response tracks may be developed within the MRS system if there is an apparent and obvious need for such.

If a report is assigned to the assessment and assistance track, the department will give the parents, guardian, or others exercising parental authority a written and oral explanation of the purpose of and procedure for the assessment of the child and his/her family. The assessment of the child and family is to be completed within 45 days of receipt of the report; however, an extension of 15 days is allowable under the legislation.

After assessments are completed, DCS shall speak with families about available services from a community-based public or private organization and services that are available through the department. Participation in receiving services is voluntary. If the department believes that the family should participate in receiving services, they shall inform the parents of that and also that declining services may be considered by DCS if future involvement with the agency occurs.

If DCS determines that a referral for a community-based organization is appropriate without an assessment or investigation, the department is to refer the family to outside resources. Families are, however, free to pursue accessing and using any such services or resources.

At any time, DCS has the authority to move cases from one track to another as information becomes available that would warrant such action.

**Evaluation/Results**

The legislation creates several reporting requirements for DCS. Implementation progress reporting began Oct. 1, 2005, and is to continue at six-month intervals until full implementation is achieved. After July 1, 2007, DCS is to include reporting on MRS, specifically any recommendations for changes in law, in its annual report to the legislature. There is no statutory requirement for external, independent evaluation at this time. However, it is anticipated that the department will pursue such evaluation, and statutory provisions to that effect may be proposed during the next legislative session.
Origins
The Virginia Child Protective Services Differential Response System (DRS) began as a pilot program in five local
In December 1999, a final report on recommendations for the pilot program was submitted to the Virginia General
Assembly. The code of Virginia was amended in 2000 to include the recommendations and the Department of Social
Services was directed to implement DRS in all local social services departments by July 2003 (Virginia Department of
Social Services, 2004). DRS was implemented statewide in May 2002.

Description
When a referral is made to either the local department of social services or the state hotline, local agencies assign the
report for either family assessment or investigation. Reports assigned to family assessment vary by local agency. When
assigning a report to a track, a local agency may choose either family assessment or investigation if the report is not
mandated to be investigated. The evaluation found that although the state average for assigning a report to family
assessment was 61 percent, there was no consistency between the local agencies. For example, one local agency
investigated all reports while another assigned all their reports for a family assessment unless investigation was
mandated by state law.

Generally, a report is assigned to a specific track by first examining the type of child abuse and neglect that allegedly
occurred. Types of abuse or neglect that require investigation are sexual abuse, child fatality, serious physical abuse,
and situations that fall under statute and state policy for investigation. If the referral is not mandated by investigation,
CPS policy and training take into account the following factors to determine which is the most appropriate response
for the family. The factors examined are:

- Whether the family has a history of child abuse or neglect
- The type or severity of the abuse
- The child’s ability to protect him or herself
- Whether the caretaker’s behavior is violent or out of control
- Whether there are hazardous living conditions, including the presence of firearms or drugs
  (Virginia Department of Social Services, 2004)
Moreover, assigning a report for a family assessment is largely based upon the local agencies’ ability to coordinate services with community-based organizations to prevent child abuse and neglect. Also, local agencies use Virginia’s Online Automated Services Information System (OASIS), a statewide database that documents a family’s prior history of child abuse and neglect. If a family has been through the family assessment response three times prior to the current report, an investigation of the family will be conducted.

If a family is placed on DRS and does not have repeated reports of child abuse and neglect, a CPS worker will schedule a mutually convenient time to meet with the family. The worker conducts a safety assessment during the first face-to-face meeting with the family. If the worker determines that the child's safety is at a higher risk of danger than initially assessed, the case is then transferred to investigation.

During the course of the family assessment or investigation, the worker conducts a risk assessment to determine service needs. CPS workers can then document the service needs of the family into OASIS. OASIS stores data on the services needed, the intended provider, and whether the family has consented to receive these services. At the present time, OASIS does not have the capacity to enter, store, and retrieve the results of the services received.

**Evaluation/Results**

The Virginia Department of Social Services conducted an evaluation of DRS in 2004, measuring outcomes for families placed on the assessment track. The data was collected from OASIS, case reviews, and surveys from January through December 2003.

Community resources provided 39 percent of services which included a community mental health clinic, a food bank, a church-sponsored parenting class, medical services from the Department of Health, or before- and after-school programs provided by public schools. The local department of social services provided or purchased 33 percent of services such as counseling and parent education provided by agency social workers, subsidized day care, and a stipend to enroll in an evaluation for substance abuse. Twenty-eight percent of families obtained services independent of a formal referral from a relative for a community referral or received services from a church (Virginia Department of Social Services, 2004). According to the Virginia Department of Social Services evaluation of the Differential Response System (2004), counseling therapy was the most used service, provided at 23 percent. However, counseling therapy and substance abuse evaluation were the two most unidentified needs.

The DRS recommendations for 2005 are:

- The Virginia Department of Social Services should develop a decision-making process that will provide consistency in the review and assignment of reports to DRS;
- Local agencies that are not responding to reports in a timely manner should be provided with consultation and technical assistance from the Department;
- OASIS should be upgraded to document ongoing services as well as record family assessments;
- Community collaboration should be enhanced by providing local agencies with *A Blue Ribbon Plan to Prevent Child Abuse and Neglect* in Virginia, developed by a broad-based steering committee under the leadership of the department; and
- Local departments should work closely with community partners to use the structured decision making model to help establish priorities when providing services.

**Future Plans**

One of the biggest challenges and important aspects for sustainability is engaging the family to participate in DRS. Family engagement is relevant to and essential in Virginia’s Child and Family Services Review Program Improvement Plan, particularly around worker contacts. Another looming challenge is the absence of additional funding provided for DRS (R. Katman, personal communication, July 7, 2005).
Impact on Front-Line Practice
Many workers feel that DRS allows for the use of their social work skills. Workers use a service-driven assessment of a family's needs as opposed to a forensic approach of gathering evidence in conducting an investigation. Workers feel they are making a positive impact in their work with families, and families appear more open with their problems under a DRS approach. DRS, however, often takes more of the worker's time and more services are involved that may not be available due to financial constraints (R. Katzman, personal communication, July 7, 2005).

Implementation Challenges
Engagement of the family and the community are two of the biggest implementation challenges of DRS. It is difficult to involve the community because other agencies are equally stressed and do not view their role as providing services for CPS.
Origins
The Washington State Department of Social and Health Services (DSHS) launched its Alternative Response System (ARS) in 1998. The state's child maltreatment referrals are screened and assigned a risk rating from 1-5. Ratings of 1 and 2 are determined to be low-risk reports. Prior to the Alternative Response System (ARS), Child Protective Services (CPS) workers were assigned to reports of levels 1 and 2 with the expectation that they would either send a letter or call the family to offer to connect them to community resources. DSHS determined that this practice was not effective in reducing recidivism, nor did it significantly improve the family's situation. The concern was that families without any hands-on intervention would keep being referred to CPS.

The state proposed two models — paraprofessionals and public health (see Description section) — to address the issues of recidivism and the needs of families with levels 1 and 2 reports. The six regions in the state were allowed to choose a model based on community resources in conjunction with talking to community-based organizations that may provide contractual services. In addition, the DSHS Children's Administration state program manager oversees ARS and provides support to regional program managers.

Description
DSHS developed and implemented paraprofessionals and public health models of ARS. Under the paraprofessionals model, paraprofessionals in community-based organizations deliver the service to families with level 1 or 2 reports. The public health model is used in some of the sparsely populated regions, especially in the eastern part of the state, where there are few service providers. Public health entities are available in these sparsely populated regions and provide a skilled work force. Some public health offices hire social workers for ARS.

Regions have their own hotlines. The intake screener takes the reporter's information, does a risk assessment and generates a referral incorporating the current allegation and the family's history, if any, with CPS. These workers usually have 2 to 3 years of experience and many of them have been CPS workers. In most regions, after the intake screener determines the report as a level 1 or 2, the intake supervisor looks at the report and sends it to ARS. The report is assigned to a contracted paraprofessional group, public health group nurse, or social worker. DSHS expects that the contractor will repeatedly attempt to make contact with the family through letters and phone calls. The contractor is required to tell the family that he or she has received the referral but to stress that he or she is not with child protective services. The expectation is that two home visits are attempted before closing a case.
The goal of the ARS program is to conduct an assessment and work with the family to receive appropriate services.

**Evaluation/Results**

Until recently, DSHS had an Office of Children's Administration Research (OCAR) that developed evaluative criteria based on legislative directives and provided yearly progress reports. The revised code of Washington states that ARS is voluntary and is provided by a contracted service provider. The statute requires that, throughout the state, improved family cohesiveness needs to be achieved (J. Boyce, personal communication, June 29, 2005). OCAR measured the following to determine the outcomes of ARS:

- Re-referral rates
- Placement rates
- Service characteristics of the regions and community connections
- Percentages of face-to-face contact with families
- Number of days it took from receiving the report at intake to face-to-face contact with the family
- Families’ reasons for exit
- Families’ engagement level
- Reasons families were not offered services
- Families’ responses to ARS and consumer satisfaction survey
- Families’ length of service

In OCAR's final report for fiscal year 2004, it was concluded that services were offered to 70 percent of referred families, 49 percent participated in services, and 22 percent completed services. Eighteen percent of the ARS referred families had a re-referral to CPS within six months of the end of ARS services. Looking at just families who participated in services, the re-referral rate is 17 percent (and 20 percent for families who were not located or contacted). The overall placement rate is 3 percent. This rate ranges from 2 percent for families who participated in services to 6 percent for families who were returned to CPS as higher risk. The average length of service was 76 days statewide.

In addition to these outcomes, a consumer satisfaction survey was conducted. The consumer satisfaction survey remained problematic in terms of return rates. The survey was given to one-third of the families referred and 19 percent of those were completed and mailed in. Those responding reported the following:

- 94 percent of families were satisfied with the quality of services they received.
- 96 percent of families felt satisfied with their worker and felt the worker listened and understood their needs.
- 82 percent of families were satisfied with the worker's ability to help set goals with the family.
- 73 percent of families were satisfied with contacting the worker when an emergency happened.
- 91 percent of families felt that the worker was respectful towards the family's cultural beliefs and values.
- 90 percent of families felt that the worker helped identify the family's strengths.

**Future Plans**

The statute directing the provision of the service sunsetted on June 30, 2005, but DSHS has continued funding ARS at the same level, giving regions the option of continuing with the current ARS models. Most of the six regions have now elected to continue the program in some form.

Currently, Children's Administration is working to improve Alternative Response services. A workgroup has been established consisting of ARS providers, community stakeholders, public health professionals, and Children's Administration staff. The workgroup's task is to identify a valid and research driven assessment tool, standardize service delivery, and integrate evidence-based services. We are currently looking at integrating some of the following evidence-based services: Incredible Years, Nurse Family Partnership, Healthy Families, Parent Child Interaction Therapy, Family Connections, Promoting First Relationships, and Parents as Teachers.

Washington is currently looking to an actuarial-based risk assessment. With the new model, we hope to have a more accurate picture of the risk level of a referred family. Over the past several years, ARS providers have insisted that many families referred to ARS services are high-risk families. By switching to an actuarial-based model, the ARS providers will be more likely to receive low-risk referrals.
Impact on Front-Line Practice
Workers have mixed feelings about ARS. On one hand, they are relieved that there are referrals they do not have to deal with, which alleviates the high caseloads. On the other hand, the workers still want to have effective services. Workers like that families that are deemed levels 1 and 2 can receive services without formally entering the child welfare system.

Implementation Challenges
As with many areas of the country, Washington state has heavily populated urban centers and also rural communities that are remote and sparsely populated. Finding qualified providers in rural areas is sometimes challenging. The services must allow for regional variances and needs, making it difficult to implement model programs. The state of Washington has a very diverse population with many military bases, Indian reservations, and other groups that require collaboration and variances in service delivery. Service providers may interpret program variables in different ways, resulting in data that may not be accurate. Engagement and participation of families in services has been an ongoing challenge and we are currently reviewing the research literature and model programs to determine a more effective approach.
West Virginia

Title of Model/Referent: Family Options Initiative (FOI)

Child Welfare Administration: State Administered

Differential Response Implementation: Multiple Sites

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Origins
The Family Options Initiative (FOI) originated in the mid-1990s as a demonstration project in five of the 55 counties in West Virginia. The Department of Health and Human Resources realized that not every family required the same level or intensity of response from the child welfare system. The Department wanted to develop a lower level, less intrusive service to more appropriately respond to low-risk cases so as to free up time to concentrate on high-risk cases or cases in which there were safety issues. Based on an assessment conducted by Action for Child Protection, the demonstration project was deemed successful but there were no financial resources to implement the program statewide. The five counties in the demonstration project have continually operated it since its inception (M. O'Farrell, personal communication, July 29, 2005). No amendments to statutes were needed to allow for FOI as the statutes allow the Department to take this approach without any modification.

Description
A report of child abuse and neglect comes through either the local Department of Health and Human Resources county office in which the reporter lives or the state child abuse and neglect hotline. An intake worker receives the referral and give it to the supervisor for review. All screenings are conducted by supervisors. The supervisor can assign the report to FOI using the following criteria: the age of the child, circumstances surrounding the report, the child and family's functioning level, and present condition of the child. For example, any report dealing with children under the age of 6 will not be assigned to FOI.

When the supervisor determines that the report will be assigned to FOI, the supervisor screens out the referral and sends the case to a private service provider. Not all screened out cases are assigned to FOI. (As originally designed, the referrals that are screened out include those in which there are more concrete service needs, no children under the age of 4, not more than moderate maltreatment, no safety or danger loaded influences, and low-risk influences in general.) The private service provider then makes a home visit and conducts a family assessment. Based on that assessment they will provide or arrange for short-term services for the family. If the provider determines that the case is more serious than initially assessed, the case is referred back to CPS, triggering an investigation.

The design of FOI includes protocols and instruments for case screening and case assignment.
Evaluation/Results
Action for Child Protection conducted an evaluation of FOI approximately eight to 10 years ago. FOI was found to work well, with clients, community members, and staff finding the service beneficial. However, there were some pieces of FOI that did not work out as well, such as the ongoing tracking component.

Future Plans
There are plans to use FOI in the juvenile justice system and youth services. FOI in CPS will be funded by redirecting existing resources for the upcoming fiscal years.

Impact on Front-Line Practice
Staff like FOI and it reduces their workload and allows them to focus on cases that pose the greatest risk to children (M. O’Farrell, personal communication, July 29, 2005). However, there are staffing concerns and issues such as retention of staff, turnover, and the time it takes to train staff on CPS.

Implementation Challenges
Finding sufficient providers was a challenge. In West Virginia, resources are unevenly distributed. In some counties, no large agencies are available to provide services to individuals (M. O’Farrell, personal communication, July 29, 2005).
Title of Model/Referent: Track Assignment or Assessment

Child Welfare Administration: State Administered

Differential Response Implementation: Statewide

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Origins
In 2001, the Wyoming Department of Family Services (DFS) implemented a new set of rules to respond to low-risk reports, which are child maltreatment reports that do not pose an imminent safety threat to the child. The CPS amendment legislation went into effect July 1, 2005. During the years between 2001 and 2005, DFS was implementing the dual track system per rules and policy and was able to conduct assessments for low-risk reports. Although the assessment process was not added to the Wyoming statute until recently, the Child Protection Rules that are promulgated and applied addressed risk and safety assessment. A team of individuals worked for approximately two years to complete these rules. Upon completion they were sent for public comment and subsequently approved (M. Fowles, personal communication, September 12, 2005).

Description
When reports are made of alleged child abuse and neglect, those that are considered to be low-risk are assigned for assessment. When an intake is received by the local office, a caseworker accepts the call and initiates a written report. If it meets Wyoming’s outlined criteria, then the case is either assigned for assessment or investigation. The assignment and decision to move forward is made by a supervisor. Reports regarding children under the age of 6 are automatically assigned to investigation. If the office does not receive enough information or the report does not indicate a specific allegation, a worker makes a home visit to determine in what track the report should be placed.

When assigned to assessment, the worker makes a home visit and conducts a strengths, needs, and risk assessment. While not a mandatory requirement, workers may also work with the parent and child to draw a “genogram” and “ecomap.” Symbols and diagrams are used to show relationships and events in the genogram (e.g., a family tree). An ecomap provides information on the type of formal and informal services available to the family (M. Fowles, personal communication, June 16, 2005). While it is a voluntary process, the development of ecomaps and genograms serve multiple purposes. The ecomap provides an opportunity to explore social supports and permanency before a potential
crisis ensues; positions the family as leaders about themselves, their strengths, and existing resources; and provides a positive visual representation. The genogram looks at all the members of the family going back three generations, behaviors that may have been passed down, and important historical information that may be related to present functioning (M. Fowles, personal communication, September 12, 2005).

Risk is continually assessed from the time the intake is received. If a case presents as high-risk, then it may be changed to an investigation. A case can also change from investigation to assessment (M. Fowles, personal communication, September 12, 2005).

After the worker and family conduct the strengths assessment, the family can voluntarily participate in “Family Partnership,” a partnership between the child welfare agency, community, and family. Each family that is part of the system is offered a Family Partnership conference. This meeting allows the family to invite their supports and anyone they feel may be able to help them be successful in the family partnership. The family partnership discusses and decides the services that will be provided to the family and the timeline in which they will be administered. Services are ideally provided for up to 6 months. DCF closes the case when they determine that risk is no longer present.

**Evaluation/Results**
As of summer 2005, there was no data to evaluate the use of assessment in Wyoming. However, a task force was created to evaluate assessment tools due to a court-ordered placement report written and released in October 2004. That report indicated that Wyoming needed to tighten up their assessment process for families regarding mental health, substance abuse, etc. (M. Fowles, personal communication, August 25, 2005). The assessment tools were also identified to be in need of improvement in the federal Child and Family Services Review (CFSR) so that children would be identified for the correct services. Also, University of Wyoming professor of social work Marilyn Patton is researching valid and reliable assessment tools.

**Future Plans**
The “Family Partnership” model is in the process of being implemented throughout the entire state. There is also hope for an official evaluation to take place in the future.

**Impact on Front-Line Practice**
Worker feelings are mixed. Some workers like that this approach is multi-faceted and that the courts do not have to be involved. Other workers feel burdened by the caseload and divide their work into crisis and non-crisis cases. Workers have become bogged down with many changes in the child welfare system. (M. Fowles, personal communication, June 16, 2005).

**Implementation Challenges**
The Wyoming state office must look at those areas of change needed throughout the state to improve situations for children and families. Many of these changes require a new approach to social work that may be difficult to apply at present. Partnering throughout the state has begun but building those relationships may take some time. There tends to be a certain amount of turnover and training new individuals on the current processes is not easy (M. Fowles, personal communication, September 12, 2005).
Washoe County, Nevada

Title of Model/Referent: Alternative Response

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Origins
In 1998, Nevada state policy makers became aware of the effectiveness of alternative response programs across the country. That knowledge served as a catalyst for the development of alternative response legislation. The enabling legislation allowed for an alternative response demonstration project that provided for optional implementation by jurisdiction. No funding was appropriated to develop the program. One aspect that appealed to legislators, social workers, and family advocates was the ability to avoid having to make a finding of abuse or neglect, as the legislation allowed the agency to avoid making an entry into the central registry for child abuse and neglect reports.

Description
A report is assigned to assessment if the agency determines:

- the child is not in imminent danger of harm;
- the child is not vulnerable as the result of any untreated injury, illness, or other physical, mental, or emotional condition that threatens his immediate health or safety;
- the alleged abuse or neglect could be eliminated if the child and his family receive or participate in social or health services, or both, offered in the community; or
- the alleged abuse or neglect was the result of the reasonable exercise of discipline by a parent or guardian of the child involving the use of corporal punishment, including, without limitation, spanking or paddling; and
- the corporal punishment that was administered was not so excessive as to constitute abuse or neglect as described in law.

If the agency determines that an investigation is not warranted, the agency may refer the family to counseling, training, or other services relating to child abuse and neglect; or conduct an assessment of the family to determine what services, if any, are needed and, if appropriate, provide any such services. If an agency determines that an investigation is not warranted because the parent or guardian's actions were considered reasonable discipline, the agency is not able to take further action in regard to the matter and must expunge all references to the matter from agency records. This requirement only pertains to the cases in which a parent has exercised reasonable discipline in the form of corporal punishment. An agency which provides child welfare services may enter into an agreement with a person or agency to provide services to a child or his family in lieu of an investigation. If at any time the agency or individual conducting the assessment determines that there is serious risk to the health or safety of the child, the child welfare agency must be notified. If the circumstances in a family receiving the alternative response are more serious than initially thought, the case can be referred back to the child welfare agency for an investigation.

Evaluation/Results
Since the passage of this statute, no formal programs or broad efforts to initiate an alternative response system have occurred in Washoe County. The State Division of Child and Family Services piloted some efforts in rural Nevada, but Mike Capello, the director of Washoe County Department of Social Services is unsure if these projects are still active.
Washoe County has partnered with local family resource centers to respond to some low-level child neglect reports. This has had limited success due to the lack of organizational capacity in the resource centers. While these centers were established to assist families in our community, they do not have the resources to address many of the issues faced by the families served in the child welfare system.

**Future Plans**
At this point Washoe County does not have plans to expand the alternative response beyond the referrals to family resource centers.

**Impact on Front-Line Practice**
Most front-line staff saw minimal impact of this program since most of the referrals were done at the intake phase and involved situations that would likely not be investigated due to the low level of risk. Supervisory staff often expressed frustration with the Family Resource Center’s inability to manage the referrals sent over and viewed the process as unnecessary.

**Implementation Challenges**
Our biggest challenge was not having a community-based agency with the capacity and or desire to serve the child welfare population. The county was continuing to struggle with the growing demands on the child welfare program and did not push development of the capacity for alternative response in Washoe County. The limited number of private nonprofit agencies and private providers made it difficult to develop a solid foundation for the alternative response program in Washoe County.
Defunct Differential Response Initiatives
Arizona

Title of Model/Referent: Family Builders Program

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Origins
The Family Builders Program began in January 1997 as an alternative response system in order to facilitate response by community-based organizations to lower priority reports (priority 3 and 4) of suspected child abuse and neglect. The original program remained operational until June 30, 2004. It was administered by the Arizona Department of Economic Security, which contracted with local community-based organizations to provide services to these families. Prior to 1997, many low-risk reports were not responded to because of the lack of sufficient staff and agency capacity.

Description
Family Builders operated in 10 of Arizona’s 15 counties. When CPS received a report of potential or low-risk abuse or neglect in an area served by Family Builders, the report was referred to a Family Builders contractor in lieu of an investigation. CPS had no further involvement with the report and closed the case. In the 5 counties without the program, CPS investigated all of the child abuse and neglect reports.

When Family Builders providers received a referral, a worker visited the family’s home and offered a variety of voluntary services through community-based organizations. Services included an assessment, creating a service plan, parent and child counseling, childcare, transportation, and emergency services such as food, clothing, and rent assistance. Family Builders cases typically followed one of three paths:

- If the family could not be contacted or declined services, the case was closed.
- If the family accepted services, an assessment was completed, a service plan was developed with the family, and services chosen by the family were provided.
- If there were signs of abuse or neglect, the provider made a report to CPS and the police and the case was referred back to CPS.

(http://www.auditorgen.state.az.us)
While in existence, the Family Builders Program worked with families to assist them in successfully obtaining their goals by providing services that strengthened the family unit so that no subsequent substantiated reports to CPS were received.

As a result of the voluntary participation of families, 60 percent of the 5,000 cases diverted per year received no assessment or services and 12 percent of these families could not be contacted. Data does not state the reasons for families refusing services (L. Johnson, personal communication, June 28, 2005 & V. Roberson, personal communication, August 3, 2005).

In response to concerns about the ability of the Family Builders program to adequately assess child safety and require participation in necessary services, Governor Napolitano's Action Plan for CPS Reform and a change in legislation during the second Legislative Special Session in 2003 now requires that CPS conduct investigations on all reports of maltreatment. Therefore, the Family Builders program was redesigned to accept referrals from CPS only after investigation. The change in the law was a response to the number of reports assigned to the Family Builders Program that were sent back to CPS due to higher risk levels than the level initially assessed by CPS and the 60 percent of cases that received no assessment or services.

Beginning July 1, 2004, Family Builders services are available to families in five counties with children at low, moderate or moderately high risk of future maltreatment whose needs cannot be sufficiently met through referral to community resources and who do not require more intensive services. The services use a strengths-based and family-centered approach, and seek to reduce subsequent substantiated child abuse and neglect reports. Services available to families include family assessment, case management, child care, parenting skills training, parent aide, respite, referrals to community services, supportive intervention and guidance counseling, assistance in housing search and relocation, assistance with transportation, emergency services, intensive family preservation, and emergency shelter.

During the CPS investigative phase and after completion of a strengths and risk assessment and child safety assessment, if the investigator and family feels the family can benefit from the voluntary services, a referral will be made to a community provider on contract with the department to provide Family Builders services. The case will remain open with CPS while the community provider delivers services, however, CPS will not provide any direct services during this time unless the provider specifically asks for assistance in dealing with an issue. If the family does not complete their service plan, the case is referred back to CPS for possible additional intervention. If the family completes their services plan, the provider advises CPS of the success and the CPS case is closed.

**Evaluation/Results**

A November 2001 report from the Office of the Auditor General found that families that were assigned to the Family Builders Program but declined services and families who were investigated had similar rates of recidivism. However, the report found families that completed the Family Builders Program had lower rates of recidivism than those families that went through investigation. From August 1, 1999, through April 30, 2001, Family Builders received over 14,000 referrals. Just under one-third of those referrals (4,397) accepted and received services.

Data problems existed ranging from duplicate records, recording costs of the services provided, and missing demographic and risk assessment data. The data problems regarding costs and lack of oversight accounted for payments of $1,500 to $1,800 to providers in excess of the services costs made by the Department of Economic Security. The participating families received only 42 percent of the services identified in the family assessment (http://www.auditorgen.state.az.us/Reports/State_Agencies/Agencies/Economicpercent20Security, percent20Departmentpercent20of/Performance/01-30/01-30Highlt.pdf).

In March 2001, the program was a semi-finalist in the Innovations in American Government award of the John F. Kennedy School of Government.
**Future Plans**
The Family Builders Program started off in four CPS districts; now it is only in three of the six CPS districts. Several CPS districts include several counties. Much of the cutback in availability had to do with funding. There is hope to have the program in all six districts in 2006 (C. Rice, personal communication, June 27, 2005).

The department planned to issue a request for proposal in 2005 for in-home services that will include a moderate intensity level of services, such as the types of services now being delivered by Family Builders providers, and an intensive level of services currently being provided by Intensive Family Preservation services providers. These services will be available to families statewide, if appropriate, after investigation of their CPS report. The level of service intensity provided to families will depend on the risk factors present in their family. The goal of these services will be to keep children out of child and family services care and to strengthen the families using a family-centered practice approach. Most likely, the term “Family Builders” will no longer be used.

**Impact on Front-Line Practice**
After the governor’s action plan for child welfare reform (2004), the state appropriated additional funds to increase salaries and hire additional CPS workers to enhance the capacity to respond to 100 percent of reports. Field staff are still overwhelmed (C. Rice, personal communication, June 27, 2005). A number of staff have left, and there are too many vacancies. Currently, CPS is still waiting for new employees to receive child welfare training.

**Implementation Challenges**
Challenges include making sure that new workers are trained and that both new and existing workers know that Family Builders is a service option. In Arizona, there are very large distances to travel; transportation is a problem. In many communities, services are not available. The Department of Economic Security is looking to expand service capacity in those communities.
Delaware

Title of Model/Referent: Alternative Response

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Origins
In 1997, the Child Abuse Prevention Act amended Delaware law, allowing family assessment and services to be provided in child maltreatment cases. The alternative response model appealed to Delaware because of its separate track for families for which safety was not the primary issue. The legislative changes grant authority to the Delaware Department of Services for Children, Youth and Their Families (DSCYF) to set up alternative responses for families.

Description
Although statute allows for an alternative response in Delaware, the Department of Services for Children, Youth and Their Families has elected to not implement the approach. In its design, the DSCYF chose to have all screened-in reports investigated. For example, a report comes through the state hotline and the intake worker screens the call. Once the report is screened in, it becomes an investigation. The worker completes the investigation, and decides that it is either a substantiated or an unsubstantiated finding of child abuse or neglect. A substantiated or unsubstantiated investigation may be opened for risk in treatment services. Low-risk families receive services on average for 6-12 months. Families unsubstantiated for abuse or neglect but opened for treatment services are not entered in the state's child protection registry. The agency had community-based contractors prior to fiscal year 2006 that offered voluntary services for low-risk families.

The Department has implemented a “system of care” approach to its work. At the core of the system of care approach is a multi-disciplinary team that comes together around a child in crisis to:

- work seamlessly within and across agencies,
- emphasize the child's strengths,
- involve the child's family as respected partners in culturally sensitive service planning, and
- organize and deliver a wide range of services and formal and informal support systems within the child's home community.

More than ever before, Delaware is working with formal and informal support systems to help children and families.

Additionally, the Department's Office of Prevention and Early Intervention and a network of community-based providers offer voluntary services to support and strengthen at-risk families. Delaware complies with the CAPTA requirement to refer families to community-based services as appropriate when child safety is not a factor.

Evaluation/Results
N/A

Future Plans
The Department continues to implement its system of care approach and partner with formal and informal supports to assist children and families. Families referred to services are either served by state agency treatment workers or referred to community-based organizations that provide prevention and early intervention services.
Texas

Title of Model/Referent: Flexible Response System Pilot Program

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Origins
Statutory provisions enacted in 1997 directed the agency to develop a flexible response system. Texas Family Code §261.3015, Flexible Response System (FRS) allowed for less serious reports of child maltreatment to be addressed through assessment and delivery of social services to the family (CPS, 2005). The pilot program also allowed for an assessment that did not include dispositions, therefore eliminating the requirement of entering the perpetrator's name into the central registry system. The Prevention and Early Intervention (PEI) program provided services to those families assigned to flexible response.

After the pilot program was completed in San Antonio, the state of Texas decided not to implement the flexible response system statewide. In its place, Texas implemented a statewide system that substituted “abbreviated only” for “assessments” so that all investigations require dispositions.

Description
The statewide intake program screens child abuse and neglect reports and forwards accepted CPS reports to the appropriate local CPS office. The intake worker, if the risk to the child is low, provides the reporter information and referral for PEI and other resources and programs (CPS, 2005). The screened-in referrals are then sent to the local CPS office for review by the supervisor. The risk assessment guides the local CPS supervisor in assigning the report for either an investigation or FRS. The risk assessment addresses seven areas of concern:

1. Child vulnerability, which focuses on child fragility, protection, and child behaviors;
2. Caregiver capability, which regards caregiver knowledge, skills, control, and functioning;
3. Quality of care, which concerns emotional and physical care of children;
4. Maltreatment pattern, which encompasses current severity, chronicity, and trends;
5. Home environment, which regards stressors and dangerous exposures in the home;
6. Social environment, which focuses on social climate and social violence; and
7. Response to intervention, which determines the caregiver's attitude about the allegations and possible efforts to deceive CPS.

When CPS decides there is no immediate danger to the child, CPS closes the case and refers the family to community services or PEI. PEI was created by the Texas Legislature to provide families with early intervention and prevention services. PEI-funded programs include the statewide Texas youth and runaway hotlines, a resource for youth and families to receive referrals immediately, and statewide public information campaigns to educate the public about child abuse and neglect. PEI supports community-based organizations that work with issues of child abuse and neglect such as Rainbow Rooms, Adopt-A-Caseworker, Family Outreach, Healthy Families, etc. (CPS, 2005).
PEI services are voluntary and families are eligible for services when CPS closes the case. The Statewide Intake Program, CPS, or PEI contractors also make referrals to federally funded cash assistance programs such as Temporary Assistance to Needy Families (TANF) and the Women, Infants, and Children program, a special supplemental nutrition program. Services from the Texas Department of Mental Health and Mental Retardation and free or low-cost legal services are also provided.

**Evaluation/Results**

A pilot of flexible response was conducted in San Antonio prior to the development of the statewide policy. The evaluation looked at whether the model complied with the law in routing low- and high-risk reports to appropriate responses, the efficiency and timeliness of FRS, and the safety of the child (Texas Department of Protective and Regulatory Services, Flexible Response Evaluation, November 1999).

The evaluation found that FRS complied with the law and that the model was successful in routing low- and high-risk cases. Assessments were more efficient and timely than investigations used in low-risk reports. Children were equally safe under assessment as in an investigation and the satisfaction level of FRS was high among families and workers. However, due to the size of Texas, implementing the program statewide would be costly and this was considered a huge drawback.

The pilot was not expanded upon and instead was replaced with an abbreviated investigation for low-risk cases. The pilot differs from the abbreviated investigation in that it had an assessment component and certain cases were identified at intake that would have an assessment for services as opposed to an abuse/neglect investigation. Additionally, there was no disposition given and that had fiscal implications. At the time of the pilot, part of the funding structure for the agency was based on completed investigations that had a disposition. Since these cases were not dispositioned, it would have had significant fiscal impact to the agency.

**Future Plans**

Policy was developed taking into consideration the lessons learned during the pilot. The policy, as described above, is still in effect. The primary lessoned learned was that staff needed a mechanism supported by policy to close a case early if no abuse, neglect, or risk issues were detected.

**Implementation Challenges**

No additional resources or funding was given to FRS.
Other Innovations in Child Protective Services and Child Welfare
Origins
In 2000, the California State Legislature passed Assembly Bill 1740 which called for a review of existing child welfare services and recommendations for improvement. This legislation established the Child Welfare Services Stakeholders Group that was charged with redesigning California's child welfare system. This group was comprised of 60 individuals, representing all aspects of the public and private child welfare community, including foster youth and child advocates. In 2001, the California Legislature passed Assembly Bill 636, the Child Welfare System Improvement and Accountability Act. This act called for improved outcomes for children and families in the child welfare system. In 2002, the state underwent a federal Child and Family Services Review which, in part, further confirmed California's efforts to become more outcome-based.

In November 2003, following a change in administration, the CWS redesign, now known as the Child Welfare Services Outcome Improvement Project (CWSOIP), began to shift from a conceptual framework to a concrete implementation plan. This plan involved organizing the CWSOIP into three core components: 1) differential response, 2) standardized safety assessment system, and 3) permanency and youth transitions. The standardized safety assessment system informs the determination of which differential response path will be utilized in responding to the initial report of suspected child abuse and neglect. Along with an emphasis on active family engagement and concurrent permanency planning, these three components represent evolving child welfare service practices designed to better achieve California's vision that all children in California have healthy, stable homes and relationships throughout their lives.

At the foundation of California's CWSOIP is the sharing of responsibility for improving child welfare services across systems and the strengthening of partnerships to support those efforts. This approach has reinforced consensus and direction for how best to improve services to children and families who may be experiencing abuse or neglect. County innovation, stakeholder involvement and foundation-funded initiatives have all informed statewide efforts, resulting in increased, positive collaboration to improve child safety, permanency, and well-being.

Description
In California, differential response is a promising approach that involves a change in how child welfare agencies, and indeed whole communities, respond to reports of child abuse and neglect. Under differential response, county child welfare agencies can respond to reports of child abuse and neglect in significantly broader and different ways. Currently, 11 of the 58 California counties receive some funding from the state to pilot this critical change in practice. These 11 pilot counties, along with 32 other counties, benefited from a California Breakthrough Series Collaborative (BSC) that supported early implementation efforts. The California Department of Social Services, the Co-Investment Partnership (formerly known as the Foundation Consortium for California's Children) and Casey Family Programs joined forces to sponsor the BSC to promote and support the implementation of differential response in California counties. The BSC is a quality improvement method that uses small-scale changes in practice to make larger systems change manageable, practical, and possible.
Differential response in California represents a real change from the traditional child welfare system’s “one size fits all” response to child abuse and neglect reports where the overwhelming majority of hotline reports receive a safety assessment but no further services because they do not meet the statutory criteria for intervention and response. In 2003, an analysis by the Stakeholders Group revealed that 92 percent of referrals did not receive safety or change-oriented services such as an in-home safety plan, family counseling, family support, or other therapeutic interventions despite clear indications that these families were in need of help [although they did not meet the statutory definition of child abuse and neglect] (CWS Redesign: The Future of California’s Child Welfare Services - Final Report, page 21).

California's differential response approach offers three distinct paths for ensuring child safety by engaging families whenever possible to help identify solutions to the challenges that they may be facing and that are posing risks to the child's safety and well-being.

**Path 1: Community Response**
This path is chosen when reported allegations to child protective services do not meet statutory definitions of abuse or neglect (screened out), but there are indications that a family is experiencing problems that could be addressed by community services. Under California's traditional child welfare system, more than one-third of all cases are re-referrals from the previous year, indicating that there are continued challenges facing these families and their children. With differential response, these families are linked to services in the community through expanded (and in some cases contracted) partnerships with local organizations. The family can either voluntarily participate in or refuse these services.

**Path 2: Child Welfare Services and Community Response**
This path is chosen when CPS reports meet statutory definitions of abuse and neglect, a child's risk is low to moderate, and assessment indicates that with targeted services, a family is willing and likely to make needed changes to improve child safety. Path 2 families work with representatives of county child welfare agencies, other county human service agencies (mental health, substance abuse treatment agencies, etc.) and community-based organizations to identify their risks, strengths, and willingness to participate in services to improve the child and family's well-being. The focus of this path is on strengthening a family's capacity to make needed improvements to keep children safe. After the assessment/investigation is completed, a finding is made as to whether the allegations of abuse are substantiated, inconclusive, or unfounded.

**Path 3: Child Welfare Services Response**
This path is most similar to the child welfare system's traditional response and, like Path 2, is chosen when reports meet statutory definitions of abuse and neglect. This is the path chosen when children are not safe and includes situations where the risk is moderate to high for continued abuse or neglect. Actions may be taken with or without the family’s consent. Court orders may be involved and criminal charges may be filed.

Counties investigate and make a substantiation decision for all Path 2 and Path 3 referrals. The disposition of the referral determines whether or not a report is made to the state's child abuse central index.

**Evaluation/Results**
Currently, the Department is in the process of evaluating the effectiveness of the CWSOIP including the differential response approach in the 11 pilot counties. The Department contracted with the Child and Family Policy Institute to produce a preliminary report that can be accessed at http://www.cfpic.org/pdfs/11_County_Eval_Phase1.pdf.

**Future Plans**
Implementation of differential response statewide is still under consideration. Some counties elected to implement differential response countywide while others implemented it in targeted communities. Some counties are moving from implementation in targeted areas to implementation countywide. The decision for full implementation statewide will be based on the results of the above-mentioned evaluation. Following this evaluation, future-implementing counties will be able to better determine where to focus their resources in order to better serve their communities. It is the goal in California's Child and Family Services Plan to implement differential response statewide by June 30, 2009.
Impact on Front-Line Practice
The evaluation of differential response is currently under development and therefore, a formal assessment of its impact on front-line practice has not been completed. However, under the Breakthrough Series Collaborative, front line staffs in the 11 counties that currently use differential response report very positively about their experience with the new approaches being implemented at the local level. The initial qualitative assessment indicates that workers report that DR allowed them to respond to family issues that they previously had no means to address. Families were more responsive to interventions. Community partnerships were strengthened through joint efforts, resulting in more resources for families.

Implementation Challenges
It is still early in the implementation of the differential response approach in California. One element of the evaluation process will be to identify challenges at multiple levels of this complex new approach. As well as increasing the understanding of the challenges, the process will facilitate problem solving at both the county and state level. Early observations indicate that a primary challenge in some counties is insufficient capacity for prevention and early intervention services, and that the issue of sharing confidential information between county CWS agencies and community partners can create barriers.
Iowa

Title of Model/Referent: Child Abuse Assessment

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Origins
Iowa piloted child abuse assessment in the mid 1990s. Child abuse assessment was the outgrowth of two different issues. The Iowa Department of Human Services started discussing the different levels of risk in cases in which abuse was confirmed. The Department of Human Services (DHS) wanted to focus on the needs of families in which abuse may or may not have been confirmed, but where there was continuing risk to the child. In addition, there was a lot of attention around a specific parent who was placed on the central registry for neglect. Her child was found wandering the street outside the home. The parent argued that she made a mistake and should not be placed in the same category as parents who torture and sexually abuse their child. In response to an internal discussion in DHS, a legislative committee was formed to look at how other states were doing alternative response.

The legislative committee looked at Missouri’s alternative response program. At that point, Missouri had not conducted an evaluation, so the effectiveness of the program was unknown. In Iowa, advocates and legislators were reluctant to have any report of abuse without a specific determination as to whether abuse occurred or not. Advocate groups were afraid families were going to slip through the cracks if only services were provided and that the Legislature would stop funding the services. On the other hand, there was a need to provide services to all of the families who were the subject of the reports.

Iowa eventually integrated a family assessment into all of their CPS responses. Participation in the Edna McConnell Clark’s Community Partnership helped leverage the work of a legislative interim committee resulting in a statutory change that allowed for an assessment approach. Legislation initiated a pilot project for the assessment process in five counties and then gradually rolled it out through the rest of the state over a three-year period.

Description
In Iowa, once a report has been received, the intake worker makes a determination of the length of time available to respond to a report, based on the level of risk. The intake supervisor assigns one of three response times: 1) 1 hour to see the victim in immediate threat or high-risk situations; 2) 24 hours to see the victim in most circumstances; and 3) 96 hours for cases where the safety of the child is guaranteed and the alleged perpetrator will not have access to children.
The worker makes face-to-face contact with the family within this assigned time and conducts a risk and service assessment. Completion of the child protective assessment will enable the worker to answer questions such as whether the parent's name should be entered into the central registry, what types of services the family needs, and whether there is a necessity for court intervention. The assessment is based on three criteria in terms of service needs:

1. Has abuse occurred?
2. Does the scoring of the assessment indicate low, moderate, or high risk?
3. What is the age of the child?

The worker then assigns the family to a particular response in accordance with a combination of abuse finding, age, and risk score. There are then four levels of response, with Response 1 representing the lowest level of risk to the child and Response 4 representing the highest level of risk to the child:

- **Response 1:** The worker refers the family to a community agency. The worker gives the family contact information for community-based organizations in the surrounding area. Because these cases carry an assessment of the lowest level of risk to the child, there is no follow-up.
- **Response 2:** The worker refers the family to a community agency. The worker calls the agency and makes the appointment for the family. If the family fails to keep the appointment, there is no follow-up, since these are cases with no founded abuse and a low-risk score.
- **Response 3:** The worker refers the family to Community Care, a community-based organization contracted with the Department of Human Services. The worker informs the family that Community Care is voluntary and asks if they consent to the worker providing the family's name to Community Care. If the worker receives the family's consent and sees a need for services, the worker sends Community Care the CPS referral and assessment. (Responses 1, 2, and 3 are completely voluntary.)
- **Response 4:** DHS opens the case. DHS offers services to the family and if the family refuses, DHS must seek court intervention.

**Evaluation/Results**
To date, there has been no evaluation.

**Future Plans**
DHS has a partnership with the University of Iowa and is working on an evaluation that will focus on the effectiveness of the risk assessment, disproportionality in the child welfare system, and Community Cares' performance as a contractor.

**Impact on Front-Line Practice**
There was some resistance to the standardization of the response and the removal of the decision regarding service provision from an individual worker's professional judgment. However, most workers have appreciated the benefits of children and families being treated consistently across the state, and the logic model provides a sound basis for their court recommendations if court intervention is necessary.

**Implementation Challenges**
Challenges included training, making adjustments in our model as circumstances dictated, and most importantly, education of the public and our stakeholders, including the court, county attorneys, and provider agencies.
Massachusetts

Title of Model/Referent: Connecting Families

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Origins
Connecting Families is a pilot project of the Massachusetts Society for the Prevention of Cruelty to Children (MSPCC) in partnership with the Massachusetts Department of Social Services (DSS). The pilot serves families who have had an unsubstantiated investigation of child abuse and neglect by DSS. (In Massachusetts terminology, investigations are either "supported" or "unsupported." Since the terms substantiated and unsubstantiated are more commonly used in other states and by the federal government, we have used those terms in this program description).

The pilot was initiated by MSPCC based on research indicating that many children with unsubstantiated reports are re-reported. Federally funded research in Missouri by Brett Drake found that 50 percent of children with unsubstantiated reports were re-reported. Drake concluded that, “Unsubstantiated cases are at almost as high a risk for recidivism as substantiated cases. Preventative services must not be restricted to substantiated cases.”

An analysis of Massachusetts DSS data conducted for MSPCC by Brandeis University found that 40 percent of children with an unsubstantiated investigation during the year 2000 had one or more subsequent investigations by June 30, 2003. Twenty-five percent had a subsequent substantiated investigation.

Typically, families with unsubstantiated investigations do not receive any services. The Connecting Families pilot promotes an alternative response that acknowledges that these families may benefit from preventive services before risk escalates.

MSPCC began the pilot with DSS in Fall River in 2001 on a very small scale. The pilot was expanded to Brockton and Worcester in 2003 and sites in Boston, Springfield, and Lawrence were added in 2004 for a total of six sites. A formal evaluation protocol was implemented in 2004.

Description
MSPCC has raised approximately $6 million in private funds to implement Connecting Families and produce evaluation data by 2007. The program serves families referred by DSS after an unsubstantiated investigation. Families referred have at least one child under the age of 12 and do not have an ongoing open case with DSS.
More than 700 families have been referred to MSPCC by DSS since the formal evaluation protocol was implemented in March 2004. MSPCC “family advocates” carry an average caseload of 17 families. MSPCC staff provides home visits, parent education, case management, information and referral, mental health services, and connections to community resources. The goal is for the family advocates to meet with families 2-3 times a week initially and then once a week for the duration of the case, or more frequently if circumstances require. MSPCC works with the family to identify and strengthen the “circle of support,” tapping into both formal and informal resources, and to develop and implement an individualized family service plan (IFSP). Connecting Families staff has received training in family group decision making and utilizes this approach in working with families and developing and implementing IFSPs.

Similar to other home visiting programs, initial family engagement is a challenge. Approximately one-third of families who allow DSS to make a referral to Connecting Families do not end up fully engaging in the program; these families either do not respond to outreach efforts or engage initially but drop out within a month. The average length of services for families who engage beyond the initial assessment period is six months.

**Evaluation/Results**

The Connecting Families evaluation is designed to evaluate the program’s short-term impact on the well-being of children and caregivers, the long-term impact on rates of re-reporting and substantiated re-reports, and the number of days in out-of-home placements. Two quasi-experimental methodologies are used in this evaluation. The first is a single subject pre-test/post-test design. The second uses propensity scoring to create a matched control group. Each of these methods is described in detail below. An evaluation team at the Heller School for Social Policy and Management, Brandeis University is conducting the matched control group component of this evaluation and is providing consultation on the pre-test/post-test evaluation. The Heller School principal investigator for this evaluation is Lorraine V. Klerman, Ph.D.

In the pre-test/post-test study, each family referred to Connecting Families is administered an assessment at intake and at case closure. The assessments cover a number of areas related to child and caregiver well-being that are known correlates to child abuse and neglect. The assessments measure the immediate impact of the program on the children and caregivers who participate. Areas addressed by the assessments include the following:

- Caregiver stress;
- Identification of and support for child developmental issues;
- Parenting Skills;
- Caregiver employment and income;
- Connection of child and family to community resources (such as day care and after school programs);
- Identification and treatment of child and caregiver mental health needs;
- Child’s school performance; and
- Child’s receipt of routine medical care.

The pre-test/post-test evaluations are completed by Connecting Families staff and submitted to MSPCC’s evaluation department for analysis and reporting.

In the matched control group study using propensity scoring, families receiving Connecting Families services are matched to families in other areas that do not have the Connecting Families program but that would have been eligible for the program if it existed in that location. Propensity scoring is a statistical method that matches families across a number of attributes (such as family size, race, ethnicity, and income) to identify those families that are most similar. Families in the control group will be compared to families receiving Connecting Families services in order to determine the impact of Connecting Families on:

- the rate of re-reports of child abuse and neglect;
- the rate of substantiated re-reports;
- the rate at which children are placed in out-of-home placements; and
- the number of days children placed in out-of-home placements spend there.
Recidivism (including re-reports, substantiated re-reports, and out-of-home placement) will be measured while families are in the program as well as for 2 years after they leave the program. For example, an analysis will be conducted that will compare what portion of Connecting Families participants and those in the control group have recidivated 1 year and 2 years after they leave the Connecting Families program.

This study will also determine the characteristics of families for whom Connecting Families has the greatest positive impact (e.g., families with younger children, families with certain types of strengths or challenges, etc).

Data for the creation of a control group and the tracking of the above-mentioned outcomes will be provided to MSPCC/Brandeis by DSS from its information system, FamilyNet.

**Future Plans**
If the pilot is successful, it will have implications for state and federal child welfare policy and resource allocations. At minimum, MSPCC and its partners plan to advocate for policies and resources to support institutionalizing this service across Massachusetts.

**Impact on Front-Line Practice**
Connecting Families has impacted Massachusetts DSS case practice as the pilot has played a role in catalyzing and supporting a strengths-based and family-focused approach with families who are being investigated for alleged maltreatment. Historically, the primary focus of investigations has been on evidence gathering. DSS is now engaged in a large system reform effort called "Working with Families Right from the Start" that involves a large planning group of DSS and other public agency staff, families, community organizations, and other stakeholders. This group is exploring a model for DSS case practice that includes a differential response protocol.

**Implementation Challenges**
Implementation challenges include the required shift in practice for DSS investigators to consistently make referrals to the pilot, and the reluctance of some families to accept voluntary services. In addition, as noted above, some families who initially accept the referral from DSS do not end up responding to outreach or fully engaging in the program.

Finally, many of the families being referred by DSS face serious and complex issues and a large portion have past histories of involvement with DSS (even though their most recent involvement resulted in an unsubstantiated investigation). In other words, because these are not “simple” or “easy” cases, a relatively high level of clinical expertise is required among MSPCC staff serving these families.
Michigan

Title of Model/Referent: Structured Decision Making - Five Category Disposition

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Origins
Effective July 1, 1999, Michigan’s Child Protection Law instituted the Five Category Disposition process for CPS investigations. Each category is determined by a combination of evidence, risk level, and the safety assessment (http://www.michigan.gov/dhs/0,1607,7-124-5452_7119_7194-15401--,00.html). Prior to the five disposition categories, investigations were disposed of as either substantiated or unsubstantiated. In all substantiated cases, the name of the perpetrator had to be entered into the central registry, including low-risk, first time offenders. Part of the impetus for the Five Category Disposition process, was that the Michigan Department of Human Services (DHS) wanted to develop a system that would provide a clear distinction between responding to low-risk, first-time perpetrators (e.g. a dirty house finding on a low-risk family with no history) and those high-risk, egregious child maltreatment perpetrators (e.g. sexual abuse, serious physical abuse). The Five Category Disposition process was developed to allow for service intervention in low-risk families without having to list their names on the central registry and, at the same time, target resources to high- and intensive-risk cases which, research shows, are impacted most by service intervention. The Child Protection Law (CPL) in Michigan was amended to incorporate categories and definitions. (T. Forrest, personal communication, July 8, 2005).

Description
A child abuse or neglect report is made to the local county DHS office where the alleged abuse or neglect occurred. The intake worker receives the calls, screens the report, and assigns the report for investigation, if appropriate. Based on the evidence found during the investigation, and the level of risk to the child, the case is assigned the appropriate category:

- Category 5 – No evidence. Further intervention by CPS is not warranted.
- Category 4 - CPS finds that there is not a preponderance of evidence of child abuse or neglect. CPS may assist the family in voluntarily participating in community-based services, consistent with the risk to the child.
- Category 3 – CPS finds that there is a preponderance of evidence of child abuse or neglect, and the structured decision-making tool indicates a low or moderate risk of future harm to the child. CPS must assist the family in receiving community-based services commensurate with the risk to the child. Even though there is a preponderance of evidence in these cases, the perpetrator is not listed on the central registry. If, however, the family does not participate in services, or the risk to the child increases or is not reduced, CPS may consider elevating the case to a category 2.
- Category 2 – CPS finds a preponderance of evidence of child abuse or neglect and the risk level is high or intensive. CPS must open a protective services case and assure that services are provided. The perpetrator is placed on the central registry.
- Category 1 - CPS finds a preponderance of evidence of child abuse or neglect and the Child Protection Law or policy requires a petition for court action. Based on the court's response, CPS may open a protective services case and assure that services are provided, or place the child outside of the home. The perpetrator is placed on the central registry. (http://www.michigan.gov/dhs/0,1607,7-124-5452_7119_7194-15401--,00.html)
Families listed under category 3 may be referred to a community-based service provider for services. CPS may monitor the case for up to 90 days. After 90 days, CPS has the option to close the case, or if risk level increases to high or intensive, elevate the case to category 2. Any time during the 90-day period, the case may be elevated or closed based on changing circumstances (increase or reduction in risk).

Category 2 cases are high or intensive risk cases, with a preponderance of evidence. CPS provides case management and regular monitoring. Workers meet with families placed in category 2 a minimum of four times a month until the risk level has been reduced. The worker may complete a subsequent risk assessment and safety assessment on a family at any time to determine if the case can be closed or should remain opened.

Category 1 includes cases where court involvement is necessary or mandated, such as reports that involve sexual or severe physical abuse. Also, a case initially assigned to category 2 could be elevated to category 1 if a court petition is needed to get the family to cooperate with CPS or participate in services.

**Evaluation/Results**
A formal evaluation of structured decision making has not taken place. However, CPS tracks disposition data. The Protective Services Management Information System compiles the disposition data. In fiscal year 2004, the database showed that 6.9 percent of investigations resulted in a category 1 disposition, 7.4 percent were category 2, 8.9 percent were category 3, 59.4 percent were category 4, and 17.3 percent were category 5.

**Future Plans**
In January 2006, an updated Social Worker Support System will be piloted that will track, among other things, services provided to the family by specific service providers. This new system is scheduled for statewide rollout by the fall of 2006.

**Impact on Front-Line Practice**
When category risk levels were first initiated in 1999, some workers were very reluctant to use the program because it represented a new way of thinking, and they thought the process was confusing. They did, however, like the idea of being able to assist low-risk category 3 families with receiving services, while not listing them on the central registry. They also liked the fact that structured decision making allows them to target resources to high- or intensive-risk families that need and are impacted the most by service intervention.

**Implementation Challenges**
There was no additional funding to implement this process. But because these changes represented a significant departure from the department's practice, new policy was developed, and each of the state's 800 workers had to be trained.
Origins

On July 1, 2004, the New Jersey Department of Human Services Division of Youth and Family Services (DYFS) adopted a centralized screening model to address incoming reports of child abuse and neglect. Historically, the agency had localized screening at its more than 40 county-based district offices throughout the state. Now, a 24-hour hotline, the State Central Registry, has been established to screen calls from all corners of New Jersey. Its goal is consistent statewide screening, at the front end.

Coupled with centralized screening, the agency adopted the allegation-based system, whereby a call must meet the stipulation of at least one of 32 categories of child protective service allegations to be coded child abuse or neglect and routed for field investigation.

With the advent of the new model, one question stood out: How should calls be handled about children and families that do not meet the requirements of the allegation-based system? The agency began a discussion about child welfare service referrals – what to accept as a referral, how the agency will respond, the timeframe for response, and who will respond.

At the same time that centralized screening was taking hold and child welfare service was being explored, the state of New Jersey was in the process of settling a federal lawsuit with Children's Rights Inc., a child advocacy group claiming to represent the rights of a group of children in out-of-home placement through DYFS. As part of the settlement, an expert panel was named to oversee DYFS. A child welfare reform plan was implemented toward change. The plan provides philosophical support of the centralized screening initiative.

More than $60 million in federal funds and $125 million in state funds for fiscal year 2005 went toward restructuring DYFS. An additional $55 million in funds as appropriated for fiscal year 2006 to fund reform. In addition, corporate and foundation partners have contributed $767,550.

Description

The Division of Youth and Family Services (DYFS) operates the statewide centralized screening child abuse and neglect reporting hotline, known as State Central Registry (SCR). SCR screeners differentiate between child protective services (CPS) reports (e.g., child abuse/neglect allegations) and child welfare service (CWS) referrals. Screeners handle other calls as well, such as information and referral calls, as appropriate.
Four criteria must be met for SCR to accept a report of child abuse or neglect:

1. The alleged child victim is a born child, under 18 years of age.
2. The alleged perpetrator(s) is the child's parent, guardian or other person in a caregiving role, who has custody or control of the child.
3. The child victim(s) was harmed or placed at substantial risk of harm, meeting criteria specified in the allegation-based system.
4. There is a specific incident or set of circumstances that suggest the harm or substantial risk of harm was caused by the child's parent, guardian, or other person having custody or control of the child.

The allegation-based system presents a definitive listing of 32 categories of child abuse and neglect incident types. For each of the 32 specific allegations, policy provides:

- A definition of the allegation.
- Instructions on how to screen the allegation – i.e., the elements that must be present at screening to meet the definition of the allegation.
- Required elements for completing the CPS investigation, including specific collateral contacts required to address the specific allegation.
- Guidelines on making a finding determination.

Thus, each allegation is uniquely investigated, as specified in policy.

On the other hand, CWS referrals, in which child abuse or neglect is not alleged, are accepted by SCR to enable the agency to provide specific services, as prescribed by state statutes, including:

- Safe Haven infant services.
- Compliance with the Interstate Compact on juveniles and the out-of-home placement of children.
- Delinquency and juvenile/family crisis matters.
- Intervention with at-risk pregnant women, on behalf of their unborn children, to plan for when their infants are born.
- Planning for children of incarcerated parents or parents charged with certain criminal offenses, including crimes against children.
- Handling surrenders, releases of custody, and consents to adoption.
- Court orders for the agency to intervene in domestic violence disputes to assess risk of harm to children before visitation orders are granted.

SCR also accepts child welfare matters to prevent incidents of child abuse and neglect, and provide needed services to children and families not served by other agencies. Again, matters are coded CWS only when child abuse or neglect is not alleged. The provision of such services may be viewed as an “alternative response,” as depicted in the CWLA research project. (DYFS is continuing its discussions on establishing guidelines for the screening and handling of such calls.)

CPS reports are assigned to child protective investigators for investigation. CWS referrals are assigned to child welfare assessors.

Upon intervention, the responding CWS assessor may find a need to change the intake from CWS to CPS. Reasons to change to CPS may include, but are not limited to:

- Learning information that was not included in the original call to SCR.
- Finding a previously unreported injury to a child, of a suspicious nature.
- Finding a child is not safe in the home.

To change a CWS referral to CPS, the responding assessor (or his or her supervisor) is required to contact SCR. If SCR concurs, the screener writes a CPS report, and initiates CPS report tracking and monitoring, as appropriate.
CPS reports are not “downgraded” to CWS; the presenting problem/CPS allegation is addressed through the finding determination and completion of the investigation or initial assessment process.

The Division, upon intervening in a CPS or a CWS, interviews all family and household members and conducts a safety assessment, a risk assessment, child and caregiver strengths and needs assessments, and a comprehensive social service assessment. Other assessments may be conducted or arranged, based on the specifics of the situation, such as a domestic violence assessment, a substance abuse screening, or a mental health evaluation.

Regardless of the finding, within 60 calendar days of receipt of the CPS report or CWS referral, a decision is made whether to open a service case or terminate agency intervention. If a case is to be opened, a permanency worker is assigned to provide case management and follow-up with the family until the case is successfully closed after the goals of the treatment plan are met, or the child is adopted. If new child abuse or neglect allegations are received by SCR while a service case is open, a CPS investigator is assigned the investigation, while the permanency worker continues to supervise the overall case, acting as the family’s primary worker.

After field response and initial assessment, some families may be referred to sister agencies within the Office of Children’s Services, under the Department of Human Services, for service provision and follow-up, as appropriate. Sister agencies may include the Division of Child Behavior Health Services and the Division of Prevention and Community Partnerships. These agencies were recently formulated by the Child Welfare Reform Plan. DHS is in the process of establishing relevant policy, procedures, and guidelines to direct the work of its component divisions.

**Evaluation/Results**

DYFS Continuous Quality Improvement (CQI) Unit is evaluating the effectiveness of new systems introduced into practice. New Jersey has begun quality service reviews, which emphasize the delivery of quality services to families, encouraging good case practice by staff.

CQI data analysis includes:

- The number of children re-abused after becoming known to the system;
- The number of cases reopened after case closure;
- The percent of children open for services who are removed and placed out of home;
- The number of cases successfully closed without removal;
- The length of time children remain in placement; and
- The percentage of cases closed after investigation.

**Future Plans**

DYFS and sister agencies within the Office of Children's Services (OCS) under the Department of Human Services are in the process of negotiating policy on the movement of cases between agencies. At present, DYFS provides the initial field response.

**Impact on Front-Line Practice**

Each of the New Jersey Department of Youth and Family Services 40 field offices has a discrete worker, or a unit of workers, designated for caseloads that are exclusively CWS. These CWS assessors are specially trained for their unique work responsibilities. Training includes skill building around decisive intervention techniques, child safety assessments, interviewing children based on the child’s stage of development, accessing community services, and family team meetings.

**Implementation Challenges**

DYFS, OCS and DHS operations, policies, and procedures are evolving, directed by the Child Welfare Reform Plan under an expert panel, mandated by a court order. While these developments take place, DYFS is also instituting its State Automated Child Welfare Information System (SACWIS) program, to computerize and integrate various components within its complex operations. Many changes are occurring simultaneously, creating an exciting work environment.
New Mexico

Title of Model/Referent: Differential Response

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Origins
In fiscal year 2005-2006, the Children, Youth and Families Department, Protective Services Division placed emphasis on the need for early intervention services to prevent abuse and neglect. The Differential Response Pilot effort was identified as a key strategy in the fiscal year 2005-2006 strategic plan. This project remains a key strategy in the fiscal year 2006-2007 strategic plan. New Mexico has made the commitment to continue to emphasize preventive services but has yet to finalize these efforts through modifications to policy or state statutes.

Description
Statewide Central Intake has been identified as a pilot site to implement a Differential Response Unit. The Differential Response Unit serves families who reside in New Mexico’s most populous county, Bernalillo County. Initially, the Differential Response Unit will be serving families whose reports are screened out of the system.

Statewide Central Intake receives reports of alleged abuse and neglect of children. Not all reports meet the criteria for traditional investigation for abuse and neglect. Before the implementation of the Differential Response Unit, the reports that are not accepted for investigation are screened out without any services being provided to the family. Additionally, some reports are accepted for traditional investigation when the family would benefit from a nontraditional approach of intervention. Prior to the development of the Differential Response modality, there was not any other intervention alternative available to these families other than to accept a child abuse or neglect report for a traditional forensic investigation.
The primary goal of the Differential Response Unit is to offer an alternative approach to meet the needs of families not screened for an investigation. The intent is to prevent a family from entering into the formal system of Chile Protective Services (CPS). Emphasis is placed on providing mitigating services to families by developing partnerships with families to assess their needs and strengths, and bridging the families to appropriate community resources to reduce the risk to children.

The scope of the program is not strictly defined, and the program staff can respond to any service need identified in the initial report. To date, the program staff have assisted families in the areas of mental health, behavioral health, substance abuse, domestic violence, educational issues, family conflict, basic needs, housing conditions, homelessness, and medical and financial needs. The program is limited to serving families that reside in Bernalillo County.

Evaluation/Results
The state of New Mexico has not yet conducted an evaluation of the Differential Response Unit to measure program effectiveness. However, 6-month benchmark descriptive statistics have been positive, with over 53 percent of families engaging the voluntary services offered by the Differential Response approach and another 25 percent of families working with the caseworkers to validate that services are already in place. New Mexico is currently reviewing data to complete a year-end assessment of the Differential Response Unit's success.

Future Plans
The state of New Mexico will review first year data and develop plans for sustainability, expansion, and/or program adaptation.

Impact on Front-Line Practice
The following outcomes are expected as a result of families actively participating with the Differential Response caseworkers in implementing the agreed-upon family service plans.

- Families will not enter the formal CPS system.
- Family emergencies will decrease, resulting in 48-hour holds.
- The likelihood of placement in the future will decrease.
- Satisfaction from families working with the department will increase.
- The connection of families to community-based services and nontraditional services will increase.
- Stability for children and families will increase.
- Families' use of resources will increase.
- Parent involvement in developing a family service plan will increase.
North Dakota

Title of Model/Referent: Safety Strength Risk Assessment (SSRA)

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Origins
In the mid-1990s, the state administrator of Child Protection Services (CPS) encouraged the Department of Human Services (DHS) to look at better ways of conducting investigations. At the same time, CPS staff were concerned that in their response to families in crisis, they were acting more like police officers than helpers. As a result, and after discussion, review of available models, and research, DHS moved to a strengths-based approach of family assessments when concerns of child maltreatment are received. North Dakota provided training to supervisors and line staff to implement this new approach. DHS used existing information in the field to develop an assessment technique and process that would work in a small rural state like North Dakota. North Dakota DHS discontinued the process of conducting investigations into allegations of child maltreatment.

Description
The local county social service office in the county in which the child lives receives reports of alleged child abuse and neglect. After the information has been received the CPS staff:

- Analyzes the information to determine the actions for assessment;
- Assesses the report and tries to ascertain the facts;
- Determines if services are required for the treatment and protection of the child;
- Determines if a referral to juvenile court for services is required; and
- Determines if protective services are needed for the family.

(http://www.state.nd.us/humanservices/services/childfamily/cps/#reporting)

After a report is assigned to an assessment after reviewing these factors, a social worker is assigned to the family. In cases where a crime may have been committed, law enforcement is included since investigations are not conducted by North Dakota DHS. The social worker meets with the family and relevant collaterals. The social worker completes the Safety Strength Risk Assessment (SSRA) tool with the family. Law Enforcement is responsible for conducting an investigation if a law has been broken, most often regarding in sexual abuse, severe physical abuse, and unsupervised children.

The SSRA tool looks at 21 areas of family and child functioning. The tool is used on an ongoing basis with the family to capitalize on the strengths that have been identified and to focus therapeutic attention on the areas needing improvement. The SSRA is used by foster care workers, wrap-around workers, and family social workers. It is incorporated into the North Dakota Single Plan of Care (SPOC), which is a web-based treatment plan. SPOC is a comprehensive team treatment plan that can be accessed by all team members, including the family.

Information from the SSRA is then brought to the child protection team, which is a multi-disciplinary, multi-agency team. The team decides whether or not services are required. The length of time between the assessment and the child protection team must be less than 31 days. A worker can request an extension.
In “services required” situations, the case is automatically referred to juvenile court for intervention. The juvenile court can mandate services for the family. A family social worker is also automatically assigned to the family to help navigate the system, make referrals, and provide ongoing case management. In “no services required” cases, a referral is not made to juvenile court. Instead, the team may make recommendations and referrals to services that they feel would be helpful to the family. Abuse and neglect allegations are not substantiated in “no services required” cases.

**Evaluation/Results**
North Dakota’s Child and Family Service Review results demonstrate the effectiveness of the approach:

- There has been a decrease in the number of assessments.
- There has been a decrease in the recidivism of families.
- Families view the system as more respectful and are more likely to engage in services.
- Family change is well-documented as the SSRA tool is used across programs.
- Families feel that they are full team members and have decision-making power.
- Children are protected and families respected.
- The approach is culturally appropriate and responsive.
- Workers feel they are doing social work and making a positive impact on families’ functioning.
- Community partners report that this comprehensive approach to CPS has improved their ability to work with families as an individual agency, but also as part of the team.

**Future Plans**
This program has been fully integrated and plans are to continue as is (K. Kenna, personal communication, August 1, 2005).

**Impact on Front-Line Practice**
Training was essential. For some experienced workers, it was hard to make the change from investigator to assessor. However, many experienced workers did make that change, although a few workers went on to other employment.

**Implementation Challenges**
Many workers had to change their practice from investigator to helper and arranger of services. There was reluctance to change styles. New forms were seen as too complicated. Training of our partners involved a widespread change and it was important to bring along the courts, lawyers, and other service providers and families.
Origins
A workgroup comprised of field staff, supervisors, and state office administrative staff was formed in 1993 to discuss options in providing service-related interventions to families in the child welfare system. The workgroup developed an assessment tool to be used in an assessment track that required more interaction with the families and less focus on a fact gathering approach that is followed with investigations. It focused on getting more information about families on issues such as family history, child rearing, discipline, and functioning of parents in relation to each other and to their children. The workgroup received support from the Secretary of the South Dakota Department of Social Services to implement the process. The assessment process was piloted for 6 months in several local Child Protection Services (CPS) offices. The assessment process was implemented statewide in 1994. No legislative action was taken to incorporate the program. Abuse and neglect reports were assigned either as an investigation (the more serious cases) or assessment.

In 2002, South Dakota eliminated the two-track system of assessment and investigation and implemented the Initial Family Assessment (IFA). CPS was concerned that the old assessment process did not provide the level of safety evaluation desired. CPS still wanted an approach that was more strengths-based and less adversarial. CPS, in collaboration with ACTION for Child Protection, Inc. and Boys Town, then piloted the IFA for the front end as the investigation component and the Boys Town Building Skills in High Risk Families model for the service component for open cases. IFA balances good safety and risk assessment processes with greater focus on the protective capacity of the family. After the pilot, the IFA was implemented statewide because it was believed that the IFA provided a quality safety evaluation component, which did not exist in the old model that focused on safety and risk management to help determine the need for intervention. This moved South Dakota away from an incident-based focus to a strengths-based child safety focus. This is the only approach South Dakota uses in child abuse and neglect cases. However, because of limited staff resources, there is a challenge providing services with the level of intervention necessary for many of the families that need it. This was a challenge prior to the implementation of the IFA.

Description
Reports of child abuse and neglect are made to the local CPS office in South Dakota. These reports are all assigned to IFA. A worker gathers information on the family through interviews, observations, and reviewing documents, and then discusses the case with the supervisor. Both the worker and supervisor determine if there are safety issues and a need to offer services to the family. Reports are substantiated or unsubstantiated, but the overall safety evaluation is the criteria used for intervention decisions. The determination of maltreatment is used along with five other elements to assess safety and level of risk. The assessment of safety then leads to a decision about whether further intervention is needed. If the determination is that services are not needed, the case is closed. If the determination is that services are needed, the family can voluntarily accept or decline services. If the family accepts services, the worker works with the family to develop a service plan. However, if the child appears to be in immediate danger, law enforcement can take protective custody or a court order may be used to remove the child from the home (http://www.state.sd.us/social/CPS/Services/protective.htm).
Evaluation/Results
There is no evaluation at this time.

Future Plans
Plans are to continue the single track of the IFA model. South Dakota is in the process of developing a case management model for services and case planning that stems from the IFA safety evaluation that will be used when a case is opened for services.

Impact on Front-Line Practice
Workers felt mixed about the dual track option. From 1994 to 2002, CPS had a dual track of investigation or assessment. When a family did not want to work with CPS on the assessment process, we were concerned that the dual track model was lacking the safety evaluation component needed to determine whether the family had the capacity to keep the child safe without some form of intervention. Because of the concern about the lack of a safety assessment, beginning in 2002, CPS phased out the dual track and replaced both approaches with a single approach called the IFA. Workers like the IFA because it provides a clear process for assessing safety. The assessment tool under the dual track system was not as focused on safety as the tools in the IFA (M. Weyer, personal communication, July 28, 2005).

Implementation Challenges
It was difficult to get away from the traditional view of the incident driving the case. There was a tendency by child welfare staff to maintain focus on the incident. A lot of upfront time was provided training staff to master a new approach because the sessions required low numbers of participants to be effective. The service intervention of IFA is time intensive, impacting the volume of cases staff could handle. Because of limited staff resources, there is a challenge to providing services with the level of intervention necessary for many of the families that need it. This was a challenge prior to the implementation of the IFA.
Wisconsin

Wisconsin is in the early stages of implementing alternative response systems. The following information describes the six grant-funded programs.

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Children’s Trust Fund Grants Funding Background and Awards
Procedures for Alternative Response Systems Grants

March 2006

Funding Available and Scope of Allowable Services
A total of $300,000 is available. Six grants of $50,000 each are proposed to be funded on a 3-year cycle, with annual continuation funding applications submitted on a non-competitive basis.

Children's Trust Fund individually negotiates with each grantee to ensure the development of models that incorporate a multidisciplinary local community coordinating structure to oversee provision of comprehensive services to foster critical circles of support for challenged families and children. Families served under these models must include, but are not limited to, those families screened out of traditional public child protective services agencies. Program models must be community-based and maintain a focus on preventing child maltreatment. Each funded program must propose an approach that incorporates their existing resources and cultures and allows flexibility to address individual families’ needs. Selected grantees must demonstrate how the existing multidisciplinary community coordinating structure includes, or will be expanded to include, maltreatment prevention partners for the purpose of creating an alternative response model.

SFY 07 Contract Recommendations for Alternative Response Systems Awards

Children’s Service Society of Wisconsin
The proposed target geographic area is Rock County.

Program Summary
The Exchange Family Resource Center, a program of Children's Service Society of Wisconsin, will partner with the Rock County Human Services Department/Child Protection Services Division (CPS) to provide a community collaborative approach to support families in Rock County. The Rock County Alternative Response System (RCARS) will use a family-centered, integrated service strategy where families and service providers will partner to create a plan to meet families' needs for supportive interventions. The CPS assessment workers will refer at-risk families to RCARS. The family resource coordinator will work with the family to assemble a family resource team to assist in creating, implementing, and monitoring a support plan that will help each family realize its goal.
**Family Resources**  
The proposed target geographic area is La Crosse County.

**Program Summary**  
Family Resources, in partnership with La Crosse County Human Services, proposes a collaborative effort to expand its existing alternative response program. The expansion will include the addition of a second, full-time alternative response position to work with families who have been referred to child protective services. Families who will be referred to alternative response are those that are screened out of investigation, or have an unsubstantiated investigation. If a family chooses to participate in the program, they will receive a home visit from the alternative response coordinator who will then refer families to existing resources within the community that will help the family fulfill needs they have identified. With the expansion of the program, staff will be able to offer Coordinated Services Team (CST) services to those families who are referred to alternative response and already involved with other systems or services that place participation requirements on them. By working with a CST component, the families will have a single coordinated plan of care. If awarded a waiver by the state of Wisconsin, the expanded alternative response program will also receive limited referrals of child abuse and neglect reports that require a 2-5 day response and would be best served by a community response model.

**Lakeland Family Resource Center**  
The proposed target geographic area is Washburn County.

**Program Summary**  
Lakeland Family Resource Center will act as the lead agency in providing family response teams in Washburn County. These teams are designed to provide an early prevention-based response to families who are struggling with issues that may affect the safety and well-being of their children. Composed of multidisciplinary local community agencies and individuals that have an interest in the prevention of maltreatment of children, the family response team acts in advocacy for families who volunteer to participate. This model provides a process to integrate system providers and empower families to be active participants in defining their needs and identifying their strengths. Provision of appropriate immediate and ongoing community supports will assist in ensuring family success and improving the safety and well-being of the children. The composition of each team is determined by the needs of an individual family.

**Renewal Unlimited, Inc.**  
The proposed target geographic area is Columbia County.

**Program Summary**  
A program of Renewal Unlimited Inc., the Columbia County Family Resource Center (FRC) has an established history of providing exceptional prevention programming to families with young children, as well as leadership in countywide interagency collaboration. This history and leadership are the grounds for developing an interagency system of care for families who have been referred to but screened out of child protective services or the Birth to Three program, as well as for families whose children are struggling with their Head Start placement due to behavioral challenges. Families in these circumstances will receive outreach services from the FRC, encouraging their involvement in an extensive menu of services. Interagency partners will exchange consultation in child and family service. A Flexible Family Support fund will be available to provide discretionary funding to creatively meet the needs of families without other financial means. A consultation fund will also be available to facilitate a family's engagement in community services and to provide technical assistance as needed. These outreach collaborative services will help families avoid more intensive services, access needed community resources, and experience a higher quality of life, thereby decreasing the risk for child maltreatment and improving family functioning. The Columbia County Children's Council, an interagency collaboration developing a prevention-oriented system of family support services, will provide system support to the project. The FRC will also regularly communicate with the Department of Health and Human Services and the Head Start program to review family needs and available and appropriate community services.
**Green Lake County DHHS**
The proposed target geographic area is Green Lake and Marquette Counties.

**Program Summary**
Green Lake and Marquette Counties propose to create a service facilitator position that will serve families who have child welfare issues that do not rise to the level of requiring a child protective services initial assessment, or if they do, qualify as "unsubstantiated." The purpose of this position will be to engage these families utilizing a coordinated services team process for the delivery of services identified by the family that build on family strengths. A voluntary comprehensive assessment of family-identified strengths and challenges would be done by the service facilitator who would then assist the family in identifying team members.

Currently there is not sufficient staff time to develop the supportive relationships required to work on a voluntary basis with the number of families reported with child welfare concerns. For these families, services would reduce the likelihood of being re-referred for other child welfare issues or maltreatment. The locus of change when working with families on a voluntary basis rests primarily on the family first, and then the team. Grant funds could create the position of service team facilitator, case manager, or resource specialist.

**Pierce County DHS**
The proposed target geographic area is Pierce County.

**Program Summary**
Reaching Families First, the Pierce County/River Falls alternative response program, works to ensure child safety and strengthen families of the River Falls School District. This prevention service is a collaboration of the Pierce County Department of Human Services and the River Falls School District. Together, we provide child safety assessments and goal achievement with families through home visitation and teamwork, while offering parent support, education, and referral to other community support systems. Parents can participate in in-home or group-based parent education services and can support one another through the challenges of meeting the needs of their children through a bi-monthly support group. Parents will be encouraged to use a parent advocate, and they can share their success by becoming parent advocates themselves. Strong families are best prepared to meet the needs of their children. Reaching Families First works to make every family stronger and every child safe.
Origins
The differential response pilot began in select areas in Westchester County, New York, on July 1, 2004. The impetus for implementing a differential response program in Westchester began in 2001 when the Westchester County Department of Social Services (DSS) started looking at ways to reduce recidivism in the child welfare system. Seventy percent of reports are unsubstantiated statewide in New York. Westchester DSS wanted to prevent these reports from being re-reported as more serious allegations.

DSS began researching how other child welfare systems across the United States operate. The department became interested in states like Missouri and Minnesota, which have implemented differential response. DSS received technical assistance from Dave Thompson, Minnesota Department of Human Services, who came to Westchester to speak with community members about the Minnesota child welfare system and differential response within that system. The DSS administration decided that it wanted to implement differential response.

Fran Johnson from the Division of Family Services in St. Louis, Missouri, and several consultants helped with implementing the pilot program in Westchester. The process spanned 3-4 years, beginning with the examination of other child welfare systems to implementation of the pilot program.

DSS focused on creating a community-based child protection program. Phil Goldstein, program coordinator in the Child Welfare Training Division, explains, “Because of this focus [on making it a community-based child protection program], we asked ourselves, ‘what is a community?’ We found that a community is made up of at most 20,000-25,000 people” (personal communication, June 24, 2005). DSS chose their pilot areas guided by the size and philosophy of community. DSS first looked at zip codes of populations between 20,000 and 25,000 in Westchester. Based on population, DSS selected one zip code area from both Peekskill and Mount Vernon. The Mount Vernon zip code was divided into two pilot areas.

There is no statute allowing for assessment as a response without substantiation to child abuse and neglect reports; assessment has to be substantiated or unsubstantiated, like investigation. Names are still entered into the central registry system.

Description
New York state has a toll-free hotline for child abuse and neglect referrals. The state registers the referrals and sends the referral to the county of origin within hours of the initial phone call. Westchester County, for example, receives the report, initiates collateral contacts, and in the pilot program areas, uses the track assignment decision-making tool to determine the track assignment. The track assignment decision-making tool was developed by the Westchester DSS using Virginia’s and Minnesota’s decision-making tools as templates.
When a report is assigned to differential response, the family receives a “rights” letter, explaining their rights as a parent in the child welfare system. Although still very legally oriented, with approval of the county attorney, the letter was rewritten using more strengths-based language. It includes information on how the family can receive help from community-based organizations. This information was not included in the traditional investigation letter.

Despite the track assignment, workers have been trained in developing interpersonal helping skills across all child welfare areas focusing on the understanding of safety and risk, permanency, and well-being. Child welfare staff also received training to develop a skill set which emphasizes strengths-based family engagement and how safety and risk assessments, family (case) planning, and case management are driven from the differential philosophy.

The worker meets with the family and completes a thorough assessment of the family dynamics and support system. The key to this is to get at the underlying needs of the family and not assign “cookie cutter” services. Too often, families would be linked with services that never really addressed their needs, but satisfied the workers. DSS has contracted with a community-based organization to provide services for families. The state provides 65 percent of the funds for the services, and 35 percent of the funds come from the county. An investigation can last up to 60 days; however, after case closure, families can receive services for as long as needed. If the worker determines that the risk is greater to the child than initially assessed, the worker can re-assign the case to the investigation track. Once cases are assigned to the investigation track, they cannot revert to the assessment track.

**Evaluation/Results**

A 2-year study will be completed in early 2006 that will compare the rates of recidivism under investigation and assessment. We are trying to see if our screening tool is accurate in depicting the appropriate track of the case. The assumption is that most of the cases in the assessment track would have been unsubstantiated and that a greater percentage of cases in the investigation track would be substantiated.

A community survey was sent out during the first year of the study looking for two key indicators of recidivism: 1) Were the family’s strengths identified?; and 2) Was the family involved in formulating a service plan? These questions were asked to see if family engagement and involvement were indicators of reducing recidivism. The survey will be used to compare and contrast the pilot areas from the nonpilot areas.

**Future Plans**

Westchester County DSS is developing a 2-year timeline that outlines the process of rolling out differential response in all of Westchester County. If legislation passes that allows for reports to be unsubstantiated, this process will be expedited, allowing for a demonstration. The 2-year timeline also includes 6-month internships and training of all workers in differential response. DSS contracted with Child Welfare Policy and Practice Group in Birmingham, Alabama to conduct trainings on differential response. Although, at this time, legislation has not been passed, in June 2005, we rolled out our Child Welfare Training Division. We will use a coaching/mentoring model, which will incorporate both formal classroom training and field experience. A coach will be directly responsible for the oversight and development of the new worker. The coach will work in tandem with the supervisor and, as a team, discuss the strengths, challenges, and any issues that arise with the new worker. Feedback will also be incorporated from formal trainings that the worker has attended as well as from the other trainers and coaches in the unit. Our training is all based on the philosophy of differential response and family engagement.

**Impact on Front-Line Practice**

Workers like differential response (P. Goldstein, personal communication, June 24, 2005). However, DSS finds it hard to reprogram workers who are accustomed to investigation. The movement toward partnership-based and teamwork practice with families can be difficult for some workers because years of training and practice have guided them to have more control.

Without legislation, getting workers to function under this philosophy is difficult. Without the legislation, workers still need to make a determination on the case and the perpetrator’s name stays in the register. Having to make a determination can sometimes make workers be allegation-driven and not do a more strengths-based family assessment.
Implementation Challenges
The New York State General Assembly and Senate passed legislation twice to allow for a differential response. Governor Pataki vetoed the legislation. (P. Goldstein, personal communication, June 24, 2005).

The biggest implementation challenge is the fear factor. Traditionalist workers, supervisors, and others fear that if differential response is used (meaning, if a case is assigned to the assessment track) and something happens, DSS will be under heightened media attention (P. Goldstein, personal communication, June 24, 2005).
Appendices
## Elements of Differential/Alternative Response Systems

<table>
<thead>
<tr>
<th>1. Please identify the number of discrete response tracks/pathways to screened-in and accepted reports of child maltreatment.</th>
<th>___ (Number of tracks/pathways)</th>
</tr>
</thead>
</table>
| 2. Does your state/community's differential/alternative response approach include a formal response/pathway for reports of child maltreatment that are screened out of Child Protective Services? For example, do you refer selected reports that have been screened out to another agency? | ☐ Yes  
☐ No |
| 3. Describe your scope of implementation of differential response (check one): | ☐ statewide  
☐ multiple jurisdictions but not statewide  
☐ single jurisdiction |
| 4. In determining the assignment of cases to either the traditional investigation response or the non-investigation assessment response, various criteria are used by states/communities including, but not limited to, the type of alleged maltreatment, the report source, the age of the alleged child victim, and the number of previous reports. | ☐ Yes. If yes, what categories of child maltreatment CANNOT be assigned to the non-investigation assessment response?  
☐ No |
| 4a. Is assignment to the non-investigation assessment response track/pathway in your state/community limited by child maltreatment category (e.g., sexual abuse, chronic neglect)? | ☐ Yes  
☐ No |
| 4b. Is assignment to the non-investigation assessment response track/pathway in your state/community limited by source of the reporter (e.g., medical personnel, child daycare provider)? | ☐ Yes. If yes, identify the reporting sources that disqualify the assignment to the non-investigation assessment response:  
☐ No |
| 4c. Is assignment to the non-investigation assessment response track/pathway in your state/community limited by the age of the child (e.g., children over the age of 5 are eligible for a non-investigation assessment response)? | ☐ Yes. If yes, identify the ages of children that are NOT eligible for a non-investigation assessment response?  
☐ No |
| 4d. Is assignment to the non-investigation assessment response track/pathway in your state/community limited by the number of previous reports of alleged child maltreatment on a child/family? | ☐ Yes. If yes, number of previous reports that disqualify assignment to a non-investigation assessment response: ___ (number)  
☐ No |
| 4e. In your state/community, may a non-investigation assessment response track/pathway be used when a child is placed in foster care? | ☐ Yes  
☐ No |
| 4f. If a case is involved in juvenile dependency court, does your state/county allow the use of a non-investigation assessment response track/pathway? | ☐ Yes  
☐ No |
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Initial response assignment can be reassigned (from non-investigation assessment to investigation) based on additional information gathered during the assessment phase and/or situational changes during the life of the case.</td>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
<tr>
<td>6. Initial response assignment can be reassigned (from investigation to non-investigation assessment) based on additional information gathered during the investigation process and/or situational changes during the life of the case.</td>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
<tr>
<td>7. State mandates differential/alternative response in statute. If yes, please identify the state statute – by statutory number and/or title of the law.</td>
<td>☐ Yes __________Statute</td>
<td>☐ No</td>
</tr>
<tr>
<td>8. State/Community has practice/policy protocols that formally guide the implementation and/or case practice of differential/alternative response.</td>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
<tr>
<td>9. For families who receive a non-investigation assessment response, services are voluntary; that is, families can accept or refuse the offered services without consequence.</td>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
<tr>
<td>10. There is no substantiation of alleged maltreatment for families served in a non-investigation assessment response; that is, an assessment is completed without a formal determination of child maltreatment (i.e., substantiation).</td>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
<tr>
<td>11. Differential use of central registry: Is the name of the alleged perpetrator entered into a central registry for those individuals who are served through a non-investigation assessment response?</td>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
</tbody>
</table>
Appendix B. Bibliography


