

QUALITY IMPROVEMENT CENTER ON DIFFERENTIAL RESPONSE IN CHILD PROTECTIVE SERVICES INFORMATION SUMMITS



February 19 – 20, 2009, Crystal City, VA
February 25 – 26, 2009, Charlotte, NC
March 17 – 18, 2009, Sacramento, CA
March 24 – 25, 2009, Columbus, OH



What is Differential Response?

- Alternative to traditional child protection investigative response and one of several responses within differential response system
- Sets aside investigation, fault finding and substantiation decision for some reports
- Usually applied to reports that do not allege serious and imminent harm
- Seeks safety through family engagement and collaborative partnerships



Murky Waters: What makes it so difficult to understand 'Differential Response'?

- Different terminology
- Different definitions
- Different models
- Different services
- Different service providers
- Continuous evolution of the practice



Core Elements

1. Two or more discrete responses to reports of maltreatment that are screened in and accepted
2. Assignment to response pathways is determined by array of factors
3. Original response assignments can be changed
4. Ability of families who receive a non-investigatory response to accept or refuse to participate in Differential Response or to choose the Traditional Response.



Core Elements

5. After assessment, services are voluntary for families who receive a non-investigatory response (as long as child safety is not compromised)
6. Establishment of discrete responses is codified in statute, policy, protocols
7. No substantiation of alleged maltreatment and services are offered without formal determination that maltreatment has occurred
8. Use of central registry is dependent upon type of response.



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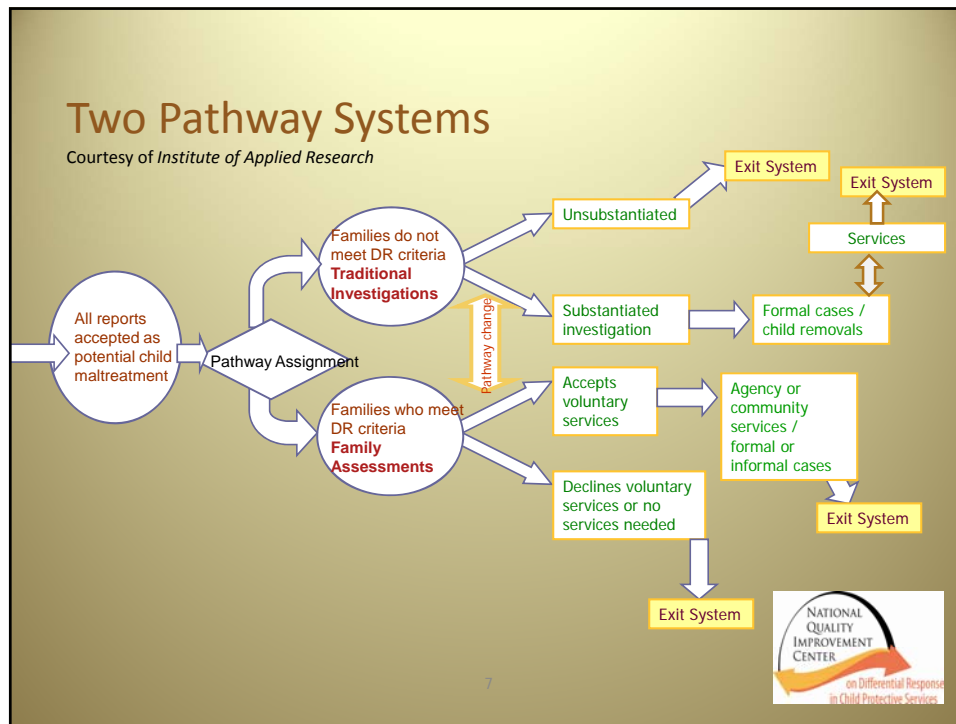
States with Differential Response

Work In Progress...




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Why Implement Differential Response?



According to *National Study of Child Protective Services Systems and Reform Efforts (2003)*, 20 states identified one of 3 purposes as reason for DR system:

- child safety (55%)
- family preservation or strengthening (45%)
- prevention of CA/N (20%)



Why Implement Differential Response?

- Circumstances and needs of families differ and so should the response
- CPS “investigation” is perceived as overly accusatory and adversarial as an initial response for many reports
- Focus on substantiation and identifying a perpetrator does not contribute to a family’s readiness to engage in services



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Why Implement Differential Response?

- Majority of investigations do not result in any services being provided
- Since the overwhelming majority of cases are not served through court orders, evidence collection is not always needed
- Differential Response allows system to move more quickly to address safety and service needs



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Family Engagement

- Family members have significant expertise; whenever possible, engage them in identifying issues and honor family choices when they do not jeopardize safety
- Seek collaboration with family and their formal and informal support system
- Whenever possible, eliminate practices that produce resistance such as drop in visits, joint visits with law enforcement, and interviewing child without parental knowledge



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For Our Consideration

- Service types and needs for families assigned to DR pathway
- Tracking progress & outcomes in all tracks



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Purpose of QIC-DR

- Improve child welfare outcomes by implementing DR, and build cutting edge, innovative, and replicable knowledge about DR
- Enhance capacity at local level to improve outcomes for children and families identified for suspected abuse or neglect
- Provide guidance on best practices in differential response



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QIC –DR Vision



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QIC Roles /DR Background of Partners and the CB

Three leading organizations:

AHA:

Lead QIC-DR entity; national leader on Differential Response Practice, Policy, and Implementation

WRMA:

Child welfare research function; Seminal work on DR in partnership with the CB

IAR:

Leadership on experimental designs in DR research

In partnership with:

ABA: Child welfare law, federal policy and legal issues related to DR

NCSL: State Legislation and policy focus

Under Cooperative Agreement with the Children's Bureau

Publications such as *CPS Reform Study* paved the way for QIC DR



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QIC-DR External Network

Building and expanding on AHA's DR network of 1000 existing key informants and partners, representing:

- Administrators, Managers, Supervisors, and Workers of:
 - State, county, and local child welfare agencies
 - Child abuse prevention, family support agencies and family resource centers
 - Mental health, domestic violence, economic development, and other system partners
- Academics, evaluators, researchers
- Legislators, Judges, other legal professionals
- National foundations and advocacy groups
- Parents, other family members and consumers
- Clearinghouses, NRCs, T/TA Network



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The QIC-DR Logic Model: Highlights

Phase I

Knowledge Developed
QIC Products Created
Dissertation Awards
Announced
RFP for Sub-grantees
Announced

Phase II

3-5 Sub-grantees
Up to 4 Dissertations
Process, Outcome, and
Impact Evaluation of Sub-
grantees
Cross-site Evaluation

- QIC operation throughout both phases
- Knowledge gained during both phases contributes to the achievement of QIC purpose



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Phase I: Year One



- Preliminary review of existing DR knowledge and research
- Literature review
- Comprehensive needs assessment
- Refine the QIC-DR topical area
 - Prepare request for sub-grantee applications
 - Prepare request for doctoral dissertation research applications
- Begin knowledge dissemination
- Develop evaluation design



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Phase II: Years Two through Five

- Select and fund research sub-grantees
- Select and fund doctoral students/dissertations
- Refine mechanisms and procedures for sub-grantee relationships
- Develop, implement and monitor cross-site evaluation data collection methods
- Provide technical assistance—implementation and research focused
- Develop a collaborative learning network on DR
- Continue knowledge dissemination



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Questions?



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