



Information Summit on Policy and Practice

Final Report¹

February 19-20, 2009

Overview of Differential Response and the QIC-DR

Differential response refers to a child welfare system with one or more alternatives to the traditional child welfare investigative response to reports of child maltreatment. Based on the previous work of the U.S. Children's Bureau (2003) and the American Humane Association and the Child Welfare League of America (2006), the core elements of differential response being used for this National Quality Improvement Center on Differential Response in Child Protective Services (QIC-DR) are:

- Two or more discrete responses to screened in and accepted reports of maltreatment;
- Assignment to response pathways is determined by an array of factors;
- Original response assignments can be changed;
- Families assigned to non-investigation pathways are able to accept or refuse to participate in the non-investigation pathway or choose the traditional investigation pathway;
- After assessment in the non-investigation pathway, services are voluntary as long as child safety is not compromised;
- Discrete responses are established by codification in statute, policy, or protocols;
- No substantiation of alleged maltreatment (services are offered without a formal determination that maltreatment has occurred); and
- Use of the central registry is dependent on the type of response.

The QIC-DR has three primary purposes:

- 1) To improve child welfare outcomes by implementing differential response and building cutting edge, innovative, and replicable knowledge about differential response;
- 2) To enhance capacity at local levels to improve outcomes for children and families identified for suspected abuse or neglect; and

¹ Reports for all QIC-DR information summits may be found at <http://www.differentialresponseqic.org/>

- 3) To provide guidance on best practice in differential response.

There are three leading organizations for the QIC-DR that work under a cooperative agreement with the U.S. Children's Bureau: 1) the American Humane Association, 2) Walter R. McDonald & Associates, Inc., and 3) Institute of Applied Research. These three organizations will work in partnership with the American Bar Association Center on Children and the Law and the National Conference of State Legislatures. The QIC-DR will operate in two phases. During Phase 1 (year 1), the QIC-DR will conduct a national needs assessment to leverage existing knowledge and build new knowledge of differential response reform. It will include a literature review, information summits, focus groups, interviews of key informants, and development of an evaluation design. Phase 2 (years 2-5) will involve selection and funding of research and demonstration projects and doctoral student dissertations to create additional knowledge and scholarly evidence about differential response. Throughout the 5-year operation of the QIC-DR, there will be continuous knowledge dissemination. More information may be found at www.DifferentialResponseQIC.org.

As one of the elements of Phase 1, the QIC-DR convened an Information Summit on Policy and Practice on February 19-20, 2009, in Crystal City, Virginia. The objectives/goals of this information summit were:

- 1) To expand participants' working knowledge of the QIC-DR;
- 2) To build the baseline knowledge of differential response for the QIC-DR; and
- 3) To create an environment where dialogue could occur among participants with expertise in differential response and/or other innovative or transformational policies and practices. Participants included state- and county-level child welfare administrators, child welfare consultants, and family and child welfare policy analysts and evaluators.

Summary of Summit Activities and Key Findings

Participants at this information summit collectively explored — through presentations, facilitated discussions, and round-table activities — the challenges and successes they have anticipated and observed with differential response policies and practices across the nation. The participants included federal, state, tribal, and county-level child welfare administrators, child welfare consultants, child welfare policymakers and analysts, and state and national leaders and researchers in the child welfare field. A list of all the participants may be found in Appendix A.

Introductory Presentation on Differential Response and the QIC-DR

Caren Kaplan, American Humane's director of child protection reform and project director of the QIC-DR, began the major activities of the summit by providing a brief presentation to the participants, which included an overview of differential response practice in child protection, an introduction to the Quality Improvement Center model, and the activities planned for year 1 and years 2-5 of the QIC-DR. The majority of the information covered during this presentation is summarized in the opening section of this final report (Overview of Differential Response and the QIC-DR).

Effecting Change with Differential Response: Challenges and Successes

Following Kaplan's introduction on differential response and the QIC-DR, select participants offered overviews on their state or county's experiences with planning, implementing, or sustaining differential response in order to help frame the remaining activities and discussions of the summit. These participants

had been asked to prepare their remarks prior to the summit, and some of them supplemented their oral remarks with slide presentations.

I. **Preparing for Change/Obtaining Community and Stakeholder Buy-In**

Sylvia Murray, director, Anishnaabeg Child and Family Services, Saginaw Chippewa Indian Tribe of Michigan, and Brenda Lockwood, program consultant, Minnesota Department of Human Services², provided presentations to generate discussion around the initial stages of planning for the implementation of differential response. Participants engaged in a facilitated discussion following the presentations. Overall, the single most important factor appeared to be engagement of multiple stakeholders at each stage of the planning process, including preparation for any policy changes.

Policy and practice challenges identified in preparing for a change to a differential response model included:

- Resistance to change, and overcoming the issue that change equates to fear for many people;
- Consideration of the different needs and constraints of tribal, state, and federal jurisdictions, as well as the importance of considering all in a comprehensive and integrated manner;
- Different uses of terminology in different locations implementing differential response models;
- Funding challenges, especially during a time of budget cuts;
- Breaking down of barriers to create collaborative and cooperative systems of care;
- Involvement of all key stakeholders and partners in sharing a common vision; and
- Understanding and incorporating evaluation from the beginning of the process.

Participants also identified steps and processes that contributed to successful preparations for a sustained change to differential response. The system reforms in North Carolina's process and Minnesota's process were particularly instructive. North Carolina's differential response model was described by JoAnn Lamm, consultant and former deputy director of the North Carolina State Division of Social Services, and David Atkinson, director of the Carteret County (North Carolina) Department of Social Services. Minnesota's differential response model was described by Lockwood and Rob Sawyer, director of the Olmsted County (Minnesota) Child and Family Services Division.

North Carolina is a state-supervised, county-administered model. In North Carolina, poor Child and Family Services Review (CFSR) outcomes created an impetus for change at the state level. North Carolina's state child welfare agency involved stakeholders from the beginning, knowing they would otherwise believe they were an "afterthought." The stakeholders included state leadership and agency-involved (or previously involved) families. To assist the families in their

² Position at time of information summit. Brenda Lockwood joined the staff of American Humane on March 2, 2009, as manager, differential response.

ability to participate, North Carolina offered day care during meetings and a stipend for families. North Carolina used a grassroots approach to seeking families by reaching out through family organizations. North Carolina also involved all agency levels — child welfare administrators, supervisors, and line workers — in the planning process. The state agency offered county agency staff the opportunity to rewrite the state’s child welfare policy, about which many counties were very excited.

However, not all counties were excited to embrace a change. Carteret County — a rural, eastern North Carolina county — served as one example of a county firmly entrenched in traditional practice and initially lacking leadership support for this change (the former child welfare director was openly opposed to considering a new way of practice).

Lockwood shared that stakeholders should be engaged early and often, paralleling the process of how the child welfare agency engages families in differential response. Engaging stakeholders throughout the process in Minnesota allows for transparency; initial buy-in and consistent engagement in turn lends itself to differential response sustainability. State legislators are seen as critical stakeholders in the change process. There are numerous other potential stakeholders to involve throughout the process, including the courts, local community providers, ethnic and religious organizations, and education, law enforcement, and health professionals. In addition, Minnesota created an advisory committee consisting of numerous community partners and stakeholders that helped prevent conflicts and served as a resource for consultation, information, and guidance to social workers.

Funding and formal evaluation capacity during the planning phase remained as open questions. Funding has varied by state. An initial source of funding may be foundation grants, as it was in Minnesota. Participants had different opinions on the level or extent of funding required as start-up costs for differential response. Participants also had different experiences in the level and extent of evaluation efforts for differential response sites that appeared to be related to funding considerations. Gary Siegel, director, Institute of Applied Research, Missouri, recommended that evaluation be an integral part of differential response from the beginning and emphasized that the evaluation (research design) must be driven by practice needs, not the reverse.

II. Implementation of Differential Response

Lamm and Atkinson led off the summit discussion of differential response implementation with a presentation on implementation in North Carolina from both a state and county perspective. Following that presentation, participants divided into small round-table groups. Based upon issues participants raised in pre-summit informal dialogues, they responded to questions prepared in advance that related to implementation of differential response. The presentation, round-table dialogues, and full-group discussions that followed yielded various perspectives and increased knowledge on policies and practices relating to implementation.

Lamm and Atkinson reported that North Carolina’s implementation of differential response occurred as a total system reform. In 2001, the North Carolina General Assembly passed legislation mandating the creation of a plan to implement differential response as a demonstration project; the legislation also required the State Division of Social Services to collect data and report results back to the General Assembly. Statewide policies rather than statutory language reflect the practice in North Carolina; that is, the State Code contains permissive language authorizing the use of non-investigation pathways in response to neglect and dependency reports, but the details of differential response principles and practices are contained in the state’s Child

Protective Services Manual. The state invited the counties participating in the demonstration project to actively contribute to rewriting the state's child welfare policies. A county work group continues to meet at different locations in the state (western, central, and eastern) on a monthly basis to discuss policy and practice issues, and the state continues to refine its policy. The touchstone for all decisions is, "How would you want it to feel if it were happening to you?" Pilot counties were chosen on a voluntary basis. The 10 pilot counties became the early adaptors and advocates for the reform effort because they "owned" it, having been instrumental in developing the practice model and policies. North Carolina expanded its differential response model statewide in 2006.

FRAMEWORK: Participants generally agreed that differential response could work in all communities with diversity in implementation; that is, given adaptable implementation standards to meet the needs of differing communities, and systemic yet sufficiently flexible policies and practices that can meet individual family needs. Leaders must be champions and be consistently supportive for implementation to occur. Stakeholders must also be part of the decision-making processes, as community perception is an important factor. Some of the identified reasons to continuously involve stakeholders included obtaining and retaining stakeholder support and advocacy (particularly should a tragic incident such as a fatality occur), providing education and addressing safety concerns, and ensuring that the stakeholders feel involved or engaged in decision making. Stakeholders also may be a source of funding. Participants agreed that supervisory staff is the linchpin to successful implementation.

LEGISLATION/POLICY: Participants agreed that differential response implementation would require some level of policy change to adequately reflect the practice. Participants' views on the need for formal statutory additions or amendments versus agency policy changes varied based on the regulatory nature of their states' codes. Florida's statutory code is quite prescriptive; thus, statutory changes would be a prerequisite to implementation. Ohio also anticipates that there will be substantive statutory changes when its pilot implementation expands statewide. North Carolina added permissive statutory language to authorize a non-investigation as a possible response. Minnesota originally passed legislation that authorized rule changes to implement differential response for its pilot phase, then modified its code to require a non-investigation pathway response in all but certain specified types of cases (such as sexual abuse and serious physical abuse). In other words, the statute explicitly codifies a preference for the non-investigation pathway.

REMAINING QUESTIONS: A participant raised the question of whether differential response can better meet the needs of native populations; similarly, another participant questioned whether differential response would positively impact the issue of disproportionality in child welfare and foster care systems. A participant also opined that differential response might work better in rural communities, where it could be easier to bring together smaller stakeholder groups and where communities are used to not having formal support systems. Participants also questioned whether social worker credentialing or formal social work education impacted child welfare practice in differential response.

III. Sustaining the Practice of Differential Response

Sawyer (Olmsted County, Minnesota) led the summit discussions on sustaining differential response with a presentation about Minnesota's successes in institutionalizing the practice and achieving positive outcomes for families over a 10-year period. Following Sawyer's presentation, participants again divided into small round-table groups and dialogued around questions that were

prepared in advance (the prepared questions were based on concerns participants had raised about sustaining differential response during pre-summit informal dialogues). The presentation, round-table dialogues, and full-group discussions that followed yielded further knowledge on sustaining differential response as a system reform.

Sawyer shared that in 1998, Minnesota used the 1993 Missouri differential response model as its own model. During the pilot phase in Minnesota, any county could voluntarily opt to implement differential response. Statewide implementation occurred incrementally. The key factors in sustaining differential response have been:

- 1) State and county leadership that collaborates with one another;
- 2) Values supporting the work are child focused, family centered, and community based;
- 3) A move to partnership with families;
- 4) Community collaboration, including a balanced expansion of public-private partnerships;
- 5) Shifts in social work practice, including reasonable workloads, brokerage models in lieu of case management, and outreach to social work schools to discuss changes;
- 6) Research and how it applies to practice;
- 7) Authority in rule or law, with policy guided by the practice;
- 8) Data collection and measurement that supports individual anecdotes (“stories can move things”);
- 9) Fiscal incentives, such as reinvesting cost savings in the system, giving line workers more power to make decisions, and providing financial rewards to areas that show initiative and results; and
- 10) A culture of organizational change.

Measurable results in Olmsted County, Minnesota have included fewer investigations, less repeat maltreatment, less court involvement, fewer children in placements, more family involvement, and more children served and served earlier. One participant questioned how Minnesota funded the practice shift to more front-loaded services and fewer placements funded by Title IV-E dollars. Sawyer explained that fewer placements meant a loss of federal funds, but also freed up county dollars spent on out-of-home placements, and these local funds were shifted to front-end services.

Lockwood noted that Minnesota’s county agencies also actively sought and developed relationships with community providers to find creative, cost-efficient, and mutually beneficial ways to meet families’ needs. As one example, one agency developed a partnership with an auto repair shop that offered a reduced rate to families referred by the agency. This resulted in increased business for the shop.

BALANCING CONSISTENCY AND FLEXIBILITY: Participants discussed ways in which differential response can be consistent, yet adapt to the needs of a changing environment. Participants agreed that differential response must be based on a structured framework and intake system; intake workers should receive training on the method and tools to be used. Selected participants suggested the need for a common vision and systems-of-care model. Participants also suggested that states employ statewide consultants that include both social workers and attorneys, and that the consultants meet regularly (e.g., monthly) to discuss issues throughout the state and areas where further expertise is needed. General training or education for leaders and stakeholders, as well as establishing and sustaining community relationships, would contribute to consistency. Additionally, good data that demonstrates systemic utilization and outcomes would help with consistency. Participants identified particular environmental challenges, such as economic downturns, meth labs, and worker safety. Selected participants also expressed that the lack of flexible federal funding creates a significant barrier for implementing and sustaining this practice.

MAINTAINING INVESTMENT, MOTIVATION, AND CONNECTIONS: Participants had several suggestions for maintaining investment in differential response, motivating all stakeholders, and sustaining statewide connections. These included:

- Using research to document successes;
- Developing affinity groups in the state;
- Developing a cadre of families willing to talk about their experiences with the agency;
- Having a strategic communication plan;
- Having champions at high levels within the state and legislature;
- Conducting cross-training with stakeholders and across staffing levels; and
- Creating feedback loops via listservs, newsletters, or other communication methods that would reach a broad range of individuals.

ONGOING TRAINING NEEDS: Participants approached the question of ongoing training needs from various angles. Participants suggested dialogues with college and university schools of social work to build continuity between teaching and practice. Suggestions for non-school-based training methods included learning labs, web-based training, a supervisors' academy, and peer-to-peer monthly meetings. Suggestions for training models congruent with differential response included solutions-focused therapy, motivational and ethnographic interviewing, and appreciative inquiry. North Carolina's Cornerstone Training assesses individuals' readiness along the way. Participants suggested identifying individuals with a natural affinity for the practice and utilizing their talents to foster practice. There is a need to examine hiring practices and to hire individuals for their personal attributes in addition to their technical skills. Participants also supported the suggestion of using group supervision to encourage reflection on practice and promote the examination of mistakes as learning opportunities.

BARRIERS: Throughout the information summit, participants identified specific barriers to implementing and sustaining differential response, including:

- Reluctance to change by those set in the existing/traditional ways of doing business;

- Inconsistency in local practices and implementation;
- Lack of a shared vision of change;
- Lack of a consistent framework for differential response;
- Loss of the “champion” of differential response (e.g., due to retirement or changes in leadership);
- Lack of change in philosophy (e.g., changes in policy that do not transfer to practice or new methods learned without applying them);
- Lack of ongoing training;
- Priority of and/or integration with multiple practice and policy changes simultaneously;
- Lack of funding, reductions in funding, or lack of funding for evaluation; and
- Data-management systems that are incompatible with differential response terminology and tracking needs.

DISCONTINUATION OF DIFFERENTIAL RESPONSE: Participants were asked about the circumstances under which differential response should be discontinued or terminated. Reasons included:

- 1) A lack of financial support for the necessary front-end services;
- 2) A determination that differential response is not cost effective;
- 3) A lack of adherence to the model as it was intended and/or failure to achieve the intended objectives;
- 4) A lack of leadership or leadership that does not support differential response; and
- 5) Outcomes for the model that indicate that children were not safe.

States that have discontinued or will be terminating a differential response pilot or model include Florida, Wyoming, Texas, Arizona, West Virginia, Delaware, and Alaska. In addition, counties in North Carolina and Nevada experienced resistance due to having local executive leaders who did not understand or buy into differential response. The states of Wyoming and Florida are planning to re-implement differential response. In Wyoming, the need for additional caseworkers and a hiring freeze were identified as barriers to sustaining differential response in its first iteration. In Florida, the state spent 5 years planning a 6-month pilot, and the 6-month implementation period seemed to be too short to allow for the cultural shift required to build and sustain differential response. Additionally, the state experienced budget constraints and lost key leaders just prior to implementation. Moreover, stakeholders did not share in the vision. Alaska has three pilot sites that ceased to be funded in June 2009. All three locations contracted out for services related to differential response. As a result, one of the impediments to sustaining the practice may be the lack of philosophical shift within the public child welfare agency.

REMAINING QUESTIONS: Some participants questioned how to incorporate differential response into existing training from both a fiscal and practical standpoint. Participants discussed the shift in focus from incident-driven to holistic assessments in differential response; this

prompted the question of whether information gathered during an assessment — where no finding or substantiation of maltreatment occurs — could be used in court if a petition is subsequently filed, and whether doing so is fundamentally fair to families. Another question was whether the values underlying differential response are preventive and/or make the agency more approachable to those who need services. Sawyer relayed that in Olmsted County, Minnesota, six mothers whose rights had previously been terminated contacted the agency after having new babies and requested assistance; five of the six are still parenting their new children, and the sixth parent acknowledged her inability to parent, after which the agency helped her through the termination of parental rights and the adoption process. During Sawyer's lengthy history with the agency, this had not happened prior to the use of differential response. Participants explored the limits of assisting families under differential response; if a family experiences chronic issues (e.g., repeatedly unable to pay rent), at what point does the agency stop helping or change its response?

Administrative and Economic Considerations

Participants rounded out the knowledge gathered in this information summit with dialogue around administrative and economic considerations relating to differential response. Chris Compton, operations review specialist, Florida Department of Children and Families, Crystal Ward Allen, director, Public Child Services of Ohio, and Siegel initiated the dialogue with their presentations on outdated data technology, fiscal and resource concerns, and evaluation considerations.

DATA TECHNOLOGY: To accommodate differential response, data-management systems that pre-date differential response implementation need to be restructured to allow for more than one track. Many pilot differential response models are using multiple reporting methods to capture all necessary data. They may be entering data into an electronic database in their SACWIS systems to ensure tracking of outcomes required for federal data measures and accounting systems, and they also may be entering data on paper to track differential response cases and outcomes (e.g., in Ohio).

FUNDING: At each stage — from design through implementation and sustaining the practice — participants had varying opinions on the level of funding needed for differential response. Evaluative research conducted by the Institute of Applied Research suggests that differential response requires more up-front service-related costs, but results in cost savings or is cost neutral over time. Minnesota and Ohio implemented pilot differential response models with an influx of additional funding. North Carolina implemented differential response in pilot sites — and eventually statewide — with no additional funding. Ohio uses a flex-funding waiver to support family engagement through the use of family team meetings. Allen also noted that the recently passed economic stimulus package contains a 6.2 percent Title IV-E increase to be used within 2 years. It is possible that these dollars may be used for one-time costs such as data-management system changes. Participants agreed that agencies and workers need to have flexibility in their use of available funding to meet individual family needs. Participants questioned how to fund ongoing training, which was viewed as necessary to sustain the practice.

EVALUATION: Siegel provided a researcher's perspective on differential response based on the Institute of Applied Research's evaluations of several differential response models. He noted that child welfare data is often qualitative rather than quantitative. Furthermore, outcomes are valuable as indicators of whether the model or practice is successful, but should only be used as indicators to modify or make improvements to practice and should not drive practice. Data, whether statistically significant or not, may not provide the most meaningful information about the approach. Siegel noted that the differential response approach is significant to child welfare practice because families are treated more humanely.

This fact does not waiver regardless of whether the data generated produce statistically significant outcomes.

Appendix A —Participant List

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