



Online Survey of State Differential Response Policies and Practices Findings Report

June 2009

This report was funded by a cooperative agreement with the Children's Bureau, U.S. Department of Health and Human Services as part of the Quality Improvement Center on Differential Response in Child Protective Services (QIC-DR). This product expresses the views of the authors, not the views of the Children's Bureau.

INTRODUCTION

The Children's Bureau funded the National Quality Improvement Center on Differential Response in Child Protective Services (QIC-DR) in federal fiscal year 2008 to generate knowledge about effective practice models of differential response (DR). To this end, the QIC-DR is exploring a broad range of issues and questions about DR, including current practices, successful methods of implementation, types of collaborations and systems essential to success, service and knowledge gaps, and reasons why some DR initiatives have been discontinued.

Purpose of the QIC Survey

In 2006, American Humane and the Child Welfare League of America (CWLA) collaborated to conduct and publish the *National Study on Differential Response in Child Welfare*,¹ which surveyed states on their DR and related programs and practices, evaluation findings, implementation challenges, and plans for future DR implementation. Of the 27 states included in the survey, 15 had active DR programs at the time the study was published. Using the same survey instrument as a starting point, the QIC-DR developed a web-based survey (QIC-DR survey) to gather more current information regarding DR practices, models, and CPS agency structures across the country.

The goals of the QIC-DR survey are to contribute to the growing body of knowledge about DR by identifying the areas of DR practice that are more or less consistent across states, and to discover promising DR models. The objective of the QIC-DR survey is to identify existing policies and practices relative to DR and the lessons learned in the implementation of these practices.

Background on DR

DR began in a few states in the early 1990s (Florida, Montana, and Washington), and has evolved over time as more states have developed DR models to suit their unique needs and statutory constraints. The 2006 national study identified the following core elements of the DR model:

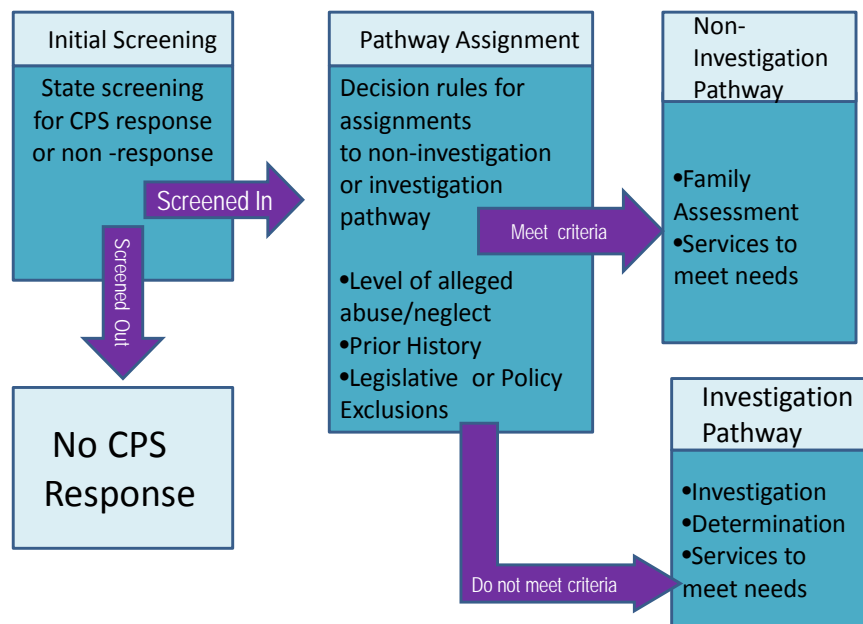
- The use of two or more discrete responses of intervention;
- The creation of multiple responses for reports of maltreatment that are *screened-in and accepted for* response;
- A pathway assignment determined by the presence of imminent danger, level of risk, and existing legal requirements;
- The capacity to re-assign families to a different pathway in response to findings from initial investigation or assessment (e.g., a family in the alternative response pathway could be re-assigned to the investigation pathway if the level of risk of the child is found to be higher than originally thought);
- The establishment of multiple responses is codified in statute, policy, and/or protocols;

¹ Merkel-Holguin, L., Kaplan, C., & Kwak, A. (2006). *National study on differential response in child welfare*. Denver, CO: American Humane Association and Child Welfare League of America.

- Families in the assessment pathway² may refuse services without consequence as long as child safety is not compromised;
- No formal determination of maltreatment for families in an assessment pathway, and services offered to such families without any such determination; and
- No person in an assessment pathway can be listed as a child maltreatment perpetrator in the state’s central registry.

Figure 1 provides a visual depiction of a generic DR model that demonstrates the different pathways typically seen in child protection services (CPS) systems. The QIC-DR survey used this model to explore whether states with self-defined DR have practices that incorporate these core elements. Data on implementation of these core elements were used to establish each state’s fidelity to the DR model as defined by the 2006 national study.

Figure 1. DR Model



Survey Design and Methodology

While the 2006 national study focused primarily on alternative pathways for cases screened in to child protective services, the QIC-DR survey was designed to collect data about DR models as defined by the states themselves, including those that address the service needs of children and families who were screened out of the CPS system.

The QIC-DR used the Survey Monkey™ web-enabled survey tool to launch the survey on DR. Email invitations to participate in the survey were sent to the child welfare directors or their designees in all 52 states and jurisdictions, including the District of Columbia and Puerto Rico. The Children’s Bureau provided the approved list of state child welfare directors. An additional auto-

² For purposes of the QIC-DR, what was called the assessment pathway in the 2006 national study is now referred to as the “non-investigation pathway.”

generated email reminder was sent to non-respondents to complete the survey, followed by a personal email invitation to those who still did not respond. The QIC-DR team then followed up with telephone reminders to any remaining non-responding states in order to increase the response rate. The survey remained open for 90 days between February 11, 2009, and May 12, 2009.

The email invitation explained the function of the QIC-DR and the purpose of the survey, which was to gather updated information about each state's current, past, or planned implementation of DR. Complete contact information was requested for each respondent; no assurances of anonymity or confidentiality were provided. Invitees were then provided a direct link into the survey. Respondents were given the following description of DR:

Differential response, also referred to as “dual track,” “multiple track,” or “alternative response,” is an approach that allows child protective services to respond differently (i.e., without investigation) to some accepted reports of child abuse and neglect. In cases handled in non-investigation tracks, typically no formal determination or substantiation of child maltreatment is made. In this survey we will be referring to multiple track or alternative response tracks as a differential response approach.

A complete list of all the survey questions can be found in the Appendix of this report. The survey asked the question: “Does your State/jurisdiction have a differential response approach in child protective services?” The respondents answering yes to this question were asked a series of questions about their existing DR model. The respondents answering no to this question were then asked if they ever had a prior DR approach to CPS or if they are planning a DR approach. Skip logic was used to direct respondents to the appropriate set of questions about either current, past and defunct, or planned approaches in order to minimize the reporting burden to the respondents.

Respondents with current, defunct, or planned DR programs were asked questions addressing the DR core elements listed above in addition to questions on staffing models, decision-making functions, funding, services and NCANDS reporting.

Respondents were asked open-ended questions to help determine best practices and lessons learned, including:

- In your opinion, what practice(s) seems to work the best in your differential response approach in CPS?
- In your opinion, is there anything that should/could be changed about your differential response approach in CPS?
- Do you have any comments or lessons learned to share with us about differential response?
- What would you like to know about differential response from the QIC?

For analysis, the survey responses were downloaded from Survey Monkey and imported into SPSS and Microsoft Excel. At the time of download, Survey Monkey auto-codes responses numerically in the order they were entered during the survey design process (for example, *yes* = 1, *no* = 2, and *I don't know* = 3). Responses were not weighted for analysis.

FINDINGS

Respondents from 40 states and jurisdictions replied to the survey, for a response rate of 77%. Five states provided more than one completed survey. In these states, the duplicated survey responses were compared for response consistency. Any inconsistent responses were recoded as unknown and a single record with consistent responses was created for each of those states. The findings of the analysis follow.

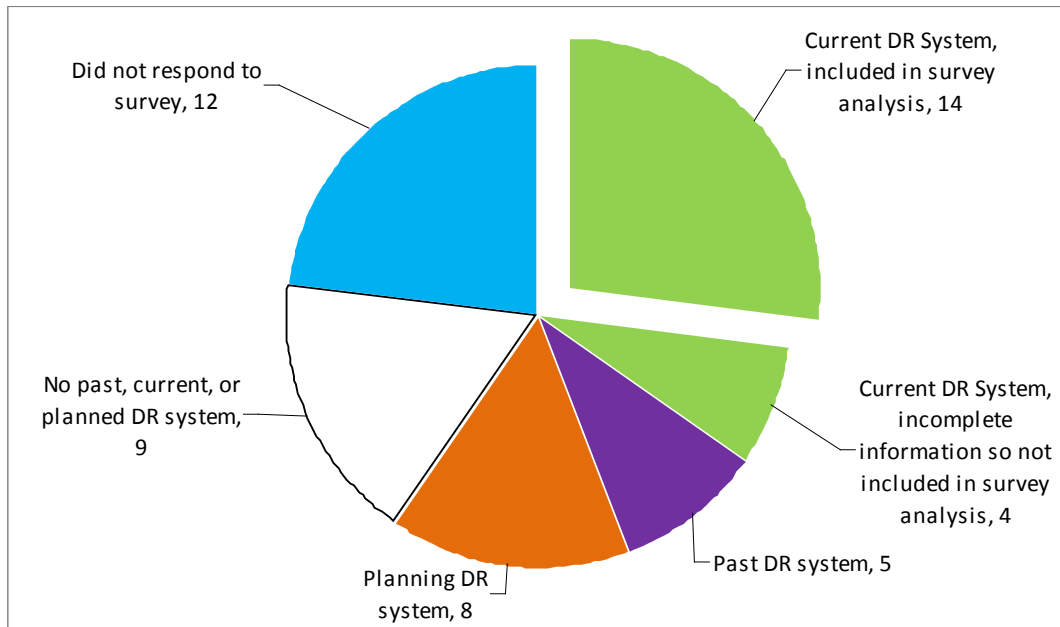
Overview of DR Implementation by State

The survey responses indicated the following regarding the status of DR among the States:

- Eighteen states are currently implementing DR, according to their own definition. For purposes of this report, these states will be called DR states.
 - Four of these states did not provide complete responses to the survey and were deleted from the detailed analysis.
- Five states reported that they previously had DR, but it is no longer being implemented. Reasons given for ending the programs included expense of implementation, staff turnover, change in leadership, and a decision to focus on prevention rather than incident-based interventions.
- Eight states are planning to implement DR in the future.
- Nine have no past, current, or planned DR.
- Twelve states/jurisdictions did not respond to the survey.

Figure 2 illustrates the status of DR implementation among states.

Figure 2. Status of DR Implementation



Scope and History of DR Implementation. Of the 18 states with active DR, 11 indicated that their DR approach is statewide; 6 are operating in multiple jurisdictions, but not statewide; and 1 did not indicate whether DR was statewide or not. Of the 6 states that do not have DR statewide, 3 indicated that they have plans to expand their DR statewide; 2 indicated that the DR program would be expanded to more jurisdictions, but not statewide, and 1 was uncertain of future program expansion plans.

Respondents were asked in what year their states began piloting and implementing DR. Table 1 shows the states with current self-defined DR and the reported year in which DR activity began in each state.³

Table 1. States with Self-Defined DR and Year of Inception

Year of Inception	State(s)
1994	Missouri, Washington
1997	Minnesota, Oklahoma
2001	Kentucky, Maine, North Carolina
2002	Virginia
2004	California
2005	Hawaii, Tennessee, Wyoming
2007	New Jersey
2008	Florida, New York
2009	Ohio
Unknown	Nevada, Pennsylvania

Reasons for Implementing DR. Respondents were asked to select the main reason their states implemented DR from four choices: change in state leadership, system reform, reaction to crisis, and other. One half of the 14 responding states cited multiple reasons for implementing DR in their state. Consequently, the sum of the reasons is greater than the number of states responding to this question. Of the 14 DR states, 12 indicated that their current DR was introduced as part of an overall system reform. One state implemented its DR due to a reaction to a crisis and another state cited change in leadership as the reason for implementing DR. One state abstained from answering this question, although this state provided a comment that DR was implemented because of a legislative change requiring a dual pathway approach to assessments or investigations. Other states provided detailed comments about their reasons for DR implementation, which included the need and desire to meet children’s and family’s needs in a less adversarial, less invasive, and more comprehensive manner; worker caseload issues; and mandated statute. Three states implemented DR in response to Child and Family Services Reviews.

Funding. Funding for DR programs typically comes out of the general, federal, state, and local CPS administrative funds, as seen in 10 responses from the 18 states responding to this question. These states indicated that they have statewide implementation of DR. Foundation money or other specifically allocated children’s trust fund monies supplement DR in the remaining 8 states, where DR is not implemented statewide.

³ Nevada and Pennsylvania did not respond to the question about year of implementation.

DR Model Names. DR models have developed independently within states, and states have adopted many different names for their DR models. This diversity of names creates a challenge when examining DR at the national level. Sometimes, the same name is used for models that look very different, and sometimes very similar models have different names. Table 2 shows the names of DR models that were provided by the survey respondents. The names of the DR models varied considerably among the responding states. DR models were most commonly called Multiple Response System, Differential Response, or Alternative Response.

Table 2. DR Model Names

Name	State
Multiple Response System	Kentucky, North Carolina, Tennessee, Wyoming
Differential Response	California, New Jersey, Virginia
Alternative Response	Florida, Maine, Ohio
Family Assessment Response	Minnesota, New York
Assessment or Investigation	Oklahoma
Early Family Support Services	Washington
Family Strengthening Services and Voluntary Case Management Services	Hawaii
General Protective Services	Pennsylvania
Investigation/Family Assessment Dual Track System	Missouri

Core Elements of DR

The survey included several questions about aspects of the state’s DR model intended to provide an understanding of whether states’ DR by their own definitions would contain the previously identified core elements, including:

- The use of two or more discrete responses to reports of maltreatment that are *screened-in and accepted for* response;
- Assignment to a response pathway based on the presence of imminent danger, level of risk, and existing legal requirements;
- The capacity to re-assign families to a different pathway in response to initial findings from an investigation or assessment;
- The establishment of multiple responses codified in statute, policy, and/or protocols; and
- No formal determination of maltreatment for families in non-investigation pathways and no person listed as a child maltreatment perpetrator in the state’s central registry.

Of the 18 states with current DR, 4 were excluded from further analysis. California, Nevada, and Pennsylvania were excluded due to missing responses and New Jersey was excluded due to

internally inconsistent responses. For the following discussion, 14 states were included in the analysis as having current DR.

Families Screened Into or Out of the CPS System. The survey asked respondents whether their DR model had formal pathways for screened-in and accepted reports of alleged child maltreatment, for screened-out reports that do not meet the statutory criteria of child maltreatment, or both. As demonstrated in Table 3, all 14 DR states have non-investigation pathways for screened-in reports of child abuse, and 5 have pathways for both screened-in and screened-out reports of child abuse.

States provided additional comments about how DR serves families screened out from CPS with models of community partnership. Many comments demonstrate the focus on prevention among these DR models.

Table 3. Current DR Model for Screened-In or Screened-Out Families

State	Screened out	Screened in
Florida	x	x
Hawaii	x	x
Kentucky		x
Maine		x
Minnesota		x
Missouri	x	x
New York		x
North Carolina		x
Ohio		x
Oklahoma		x
Tennessee	x	x
Virginia		x
Washington		x
Wyoming	x	x
Total	5	14

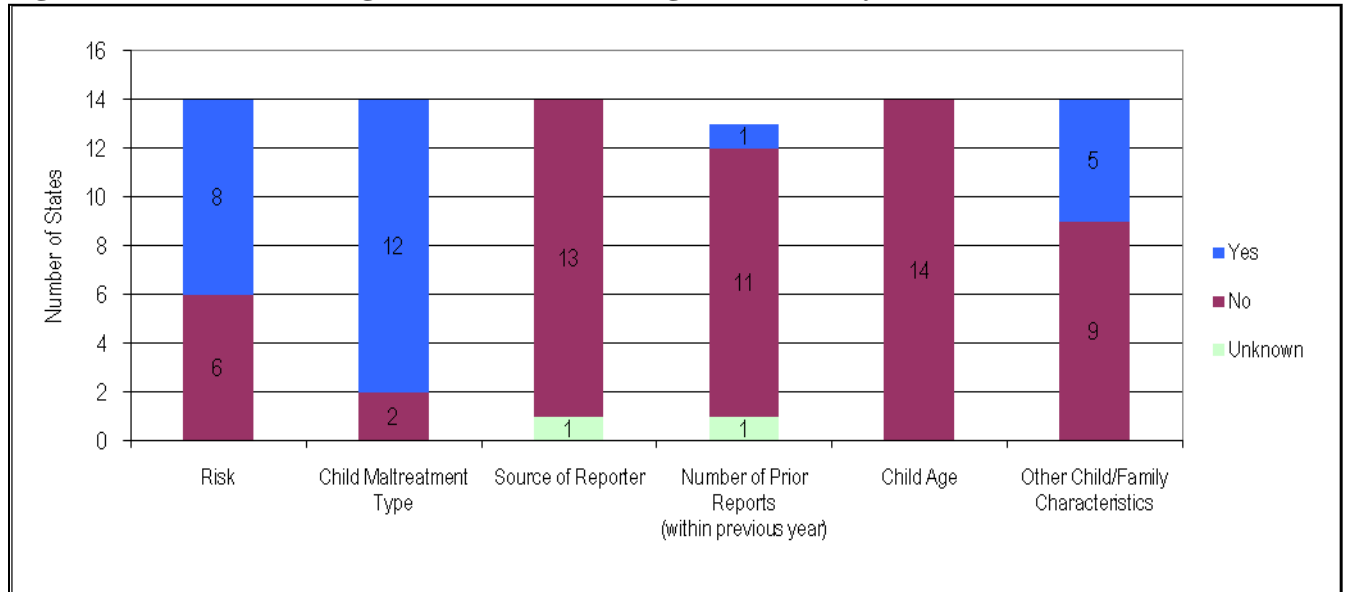
Assignment to Pathway Based on Risk Level and Legal Requirements. Respondents were asked several questions about the criteria used for assignment of families screened in to CPS to the non-investigation pathway. Specifically, questions included whether assignment was limited by risk, type of alleged maltreatment, characteristics of the child, or history of prior reports. Figure 3 shows the criteria for assignment to a non-investigation pathway used by states.

Eight respondents indicated that level of risk for future maltreatment was considered during assignment to the non-investigation pathway, while 6 reported that risk for future maltreatment was not considered. State comments indicate that children assessed to be at low risk for maltreatment, as determined by risk matrices or structured decision-making tools, generally are assigned to the non-investigation pathway.

Twelve respondents reported that the type of alleged child maltreatment limits the assignment to a non-investigation pathway. Respondents added comments explaining that when a report indicates criminal behavior, sexual abuse, severe physical abuse, or severe neglect, and certain

types of child endangerment, the required response was a fact-finding investigation. The source of the report does not limit the case assignment in any of the states. Oklahoma reported that the number of prior reports of alleged child maltreatment within the previous year could prevent a family from assignment to a non-investigation pathway.

Figure 3. Criteria for Assignment to Non-Investigation Pathway

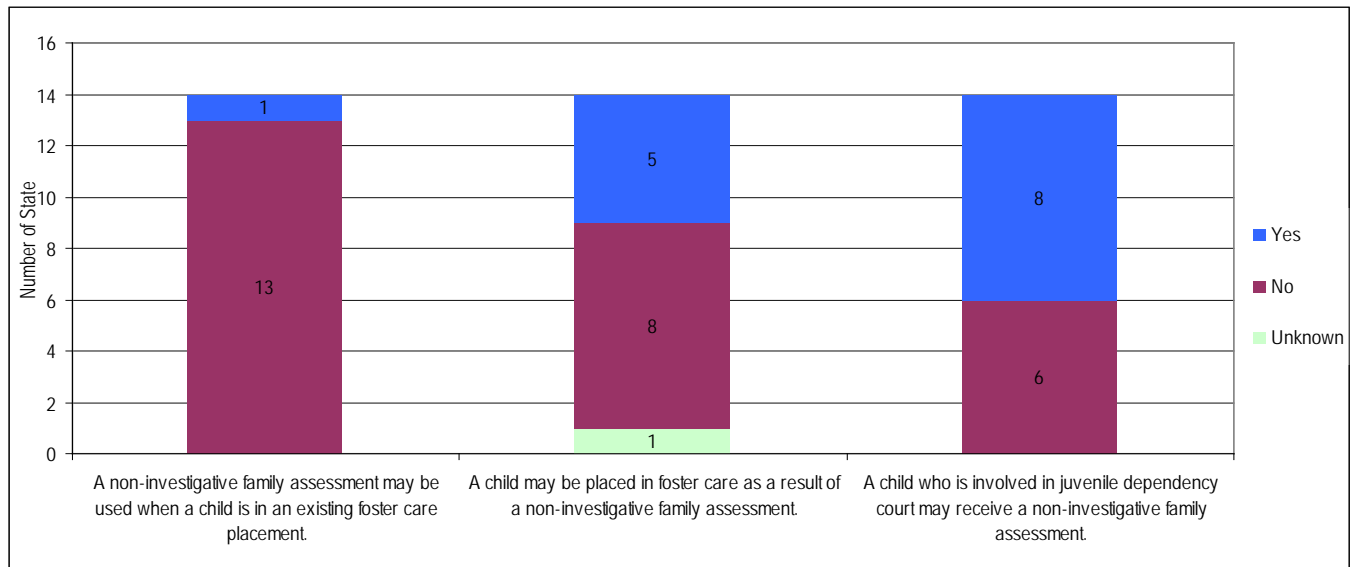


No state indicated that a child’s age could limit pathway assignment within its DR model. Five responding states reported that assignment to the non-investigation pathway can be precluded by child and caregiver characteristics other than age, such as developmental delay or physical impairments of a child, or caregiver’s mental health, domestic violence, or drug and alcohol use status or history.

It is important to note that reporting states may not have specific state laws regarding pathway assignment, but counties may be permitted to establish their own criteria for the characteristics that allow or prohibit the use of a non-investigation pathway. Workers and local agencies are thus able to apply general guidelines while using experience and discretion to make determinations for individual cases.

Eligibility for DR for Children in Foster Care or Juvenile Court. This survey confirmed that it is uncommon for a child to be served through a non-investigation pathway while in a foster care placement (see Figure 4). Kentucky indicated that it was possible to use a non-investigation pathway for a child in a current foster care placement. Five DR states confirmed that it is possible to place a child in foster care when the family has been assigned to a non-investigation pathway assignment. Children involved in juvenile dependency court may receive a non-investigative family assessment in 8 of the responding DR states.

Figure 4. DR for Families With Involvement in Foster Care and Juvenile Court



Pathway Assignment Protocols. DR models commonly use assessment tools, structured decision-making trees, or risk matrices to determine the most appropriate pathway. Eleven states reported that risk assessment tools or decision-making trees are used to guide pathway assignment, while three other states described other, more subjective decision-making activities. For example, Oklahoma, which reviews the report of alleged child maltreatment prior to assignment to the alternative pathway commented, “Generally, assessments are conducted when concerns outlined in the report indicate inadequate parenting or life management rather than very serious, dangerous actions and [dangerous] parenting practices.” New York, a state that has local practices at the county level commented, “Some counties may use such criteria as [the presence of] previous reports and the nature of the reports to decide whether to handle [the case] with Family Assessment Response (FAR), which seems to be risk-related.”

Staff Roles in Pathway Assignment. Respondents were asked to identify the staff member(s) who make the decision about the pathway assignment of the case. Five response options were provided -- hotline worker only, caseworker only, caseworker decides/supervisor approves, joint caseworker and supervisor, and other -- and respondents could select as many as appropriate. Respondents were also asked for additional explanations of staff participation in pathway assignment. Of the 14 DR states, 13 responded to this question.

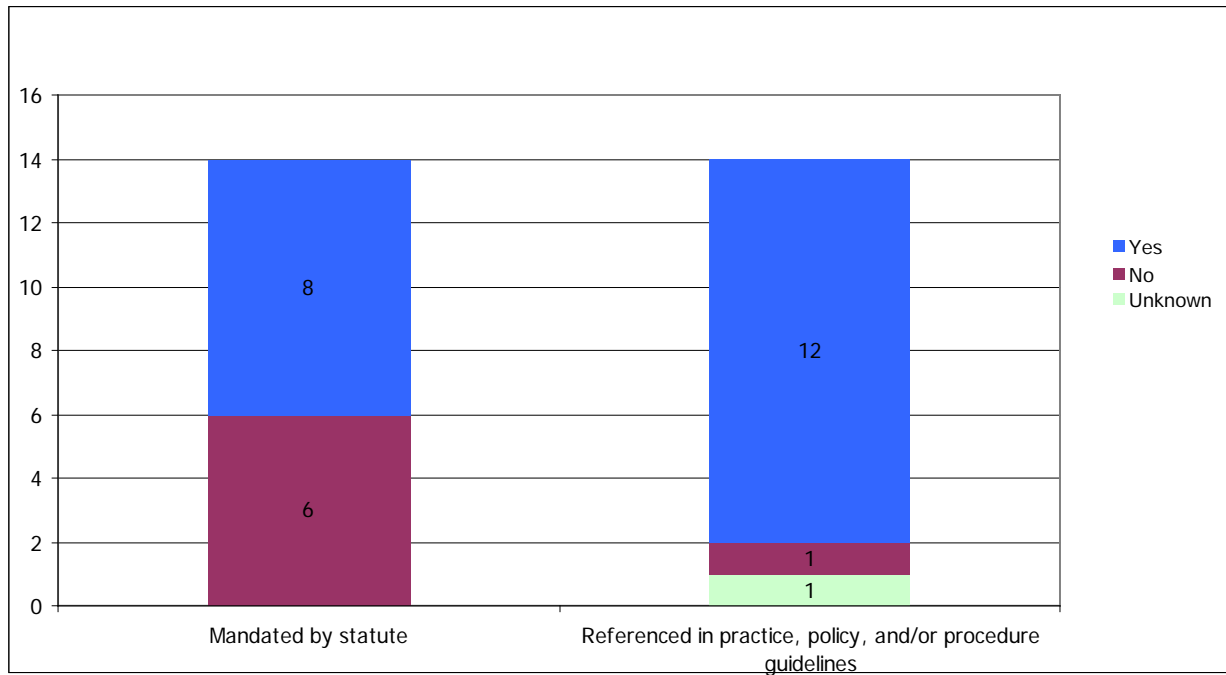
Of the 14 DR states, 4 (Minnesota, New York, Oklahoma, and Virginia) responded that responsibility for pathway assignment varies by county or local agency. Three states (Hawaii, Missouri, and Tennessee) responded that workers in the hotline or intake positions had the primary responsibility for pathway assignment. The remaining 6 states responded that multiple people had roles in decision making for assigning families to the investigation pathway or the non-investigation pathway, including hotline workers, caseworkers, supervisors, and community agencies.

Pathway Reassignment. States were asked if, after an initial pathway assignment, the worker has the discretion to change pathways based on information obtained during assessment or investigation. All 14 responding DR states allow case reassignments from the non-investigation

pathway to the investigation pathway. Eight of the responding states also indicated that they have policies and procedures that allow workers to reassign cases from the investigation pathway to the non-investigation pathway.

DR Codified in Statute, Policy, and Protocols. States were asked whether their DR approach was mandated in statute, and whether there are practice, policy, or procedure guidelines referencing DR in CPS. Eight states indicated that DR was mandated by statute (see Figure 5). Twelve states said that DR was referenced in policy or procedure guidelines, and 11 of these states reported that documentation of these is publicly available.

Figure 5. DR Codified in Statute, Policy, and Protocols



Substantiation and Use of Central Registry. The survey questioned states about whether the allegation of abuse is substantiated or unsubstantiated in the non-investigation pathway. All of the responding states with current DR reported that it is not possible to substantiate allegations in the non-investigative pathway. States were also asked whether any perpetrator is entered into a central registry among families in a non-investigation pathway. After further discussion with the states, the varied uses of the term “central registry” suggested that responses to these items should not be considered in the analysis.

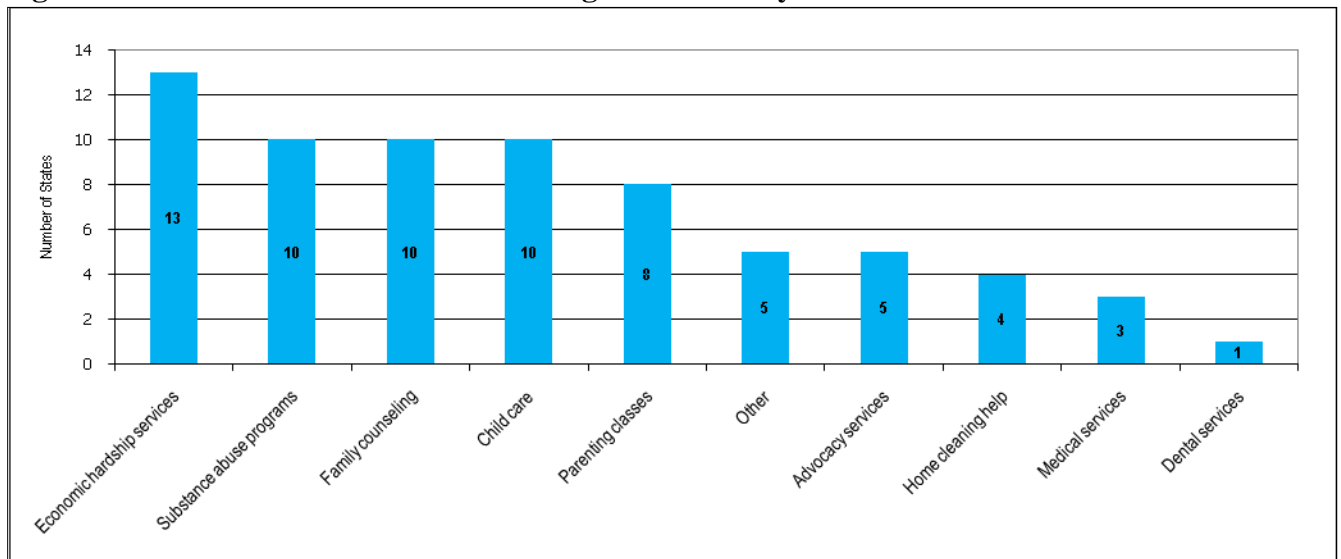
Fidelity to DR Model. Overall, states with self-defined DR are maintaining fidelity to the core elements of a DR model in CPS as identified in the 2006 national study. As reported in the survey, all DR states have a separate pathway for screened-in and accepted reports of child maltreatment. All but Virginia indicated the use of some criteria related to risk level or case characteristics to assign families to the non-investigation pathway. All states can reassign pathways as needed, and none substantiate maltreatment allegations for families in the non-investigation pathway. Additionally, DR in 12 states is codified by law or is in policy and protocols.

Components and Activities of DR

The survey included questions about what services were typically included within DR and what data on DR were collected and reported to NCANDS. Respondents were also asked open-ended questions about best practices in DR and how such models can be improved.

Use of Services in Non-Investigation Pathways. Responding states identified the most frequently recommended non-investigation pathway services, as shown in Figure 6. Responding states had the option of reporting up to five services as the most frequently used services within their DR models. The top 3 selected services were economic hardship support, such as housing assistance, employment services, financial subsidy and transportation services; substance abuse programs; and child care services. As indicated in comments, CPS workers also commonly recommended family counseling and parenting classes. The “other services” category includes family conferencing, counseling related to domestic violence, anger management, and mental health services.

Figure 6. Services Provided in Non-Investigation Pathway



Reporting to NCANDS. Many, but not all states with DR models report data on children in non-investigation pathways to the National Child Abuse and Neglect Data System (NCANDS), the federally sponsored effort to collect and analyze annual data on child maltreatment. Since 2000, states have had the opportunity to report children served by DR to NCANDS under the category of alternative response. Following the publication of the 2006 national study on differential response, it became clear that not all states with DR were reporting children served by DR to NCANDS. Since that time, NCANDS has been working with states to increase reporting of children with the alternative response dispositions.

In NCANDS, a disposition is the determination of a CPS response to a report of alleged child maltreatment. The CPS response can be either a traditional investigation or a DR assessment. The report dispositions used in NCANDS include:

- Substantiated
- Indicated or reason to suspect

- Alternative response victim
- Alternative response nonvictim
- Unsubstantiated
- Unsubstantiated due to intentionally false reporting
- Closed -- No finding
- Other
- Unknown

As seen in Table 4, 10 states responding to this question report DR children to NCANDS, 5 of which indicated that they use at least one of the alternative response dispositions. The remaining 5 states indicated that they use dispositions other than alternative response that are representative of investigations.

Comments from states who do not report DR children to NCANDS indicate that in a non-investigation pathway, allegations of abuse or neglect are not investigated and there is no finding, so there is no report to complete or send to NCANDS.

Table 4. Reporting of Children in Non-Investigation Pathway to NCANDS

State	Reports children in non-investigation pathway to NCANDS	Reports children in non-investigation pathway in Alternative Response disposition field	Reports children in non-investigation pathway in other field(s)
Florida			
Hawaii			
Kentucky	x	x	
Maine			
Minnesota	x	x	
Missouri	x		x
North Carolina	x		x
New York	x		x
Ohio			
Oklahoma	x	x	
Tennessee	x		x
Virginia	x		x
Washington	x	x	
Wyoming	x	x	
Total	10	5	5

Best Practices in DR. Responding states were asked three open-ended questions to help determine best practices and lessons learned:

1. In your opinion, what practice(s) seems to work the best in your differential response approach in CPS?
2. In your opinion, is there anything that should/could be changed about your differential response approach in CPS?
3. Do you have any comments or lessons learned to share with us about differential response?

Overall, respondents indicated that the perception of the DR model is one indicative of a holistic approach that can prevent reentry into the state's child welfare system by diverting families to resources in the community. Responding states commented that the DR model provides CPS workers with the flexibility to meet the needs of individual children and families and helps them develop non-adversarial, family-focused, strengths-based relationships with families. Responding states noted that the non-punitive approach is a significant issue for families affected by poverty and domestic violence. Florida commented that the non-adversarial front-end engagement with families causes families to be more responsive and open to CPS involvement.

Some respondents listed the most valued aspects of DR in their states. Among those are the DR feature that removes the requirement of naming a perpetrator; the flexibility afforded by the DR model; and improved relationships between CPS and families brought about by the enhanced family engagement seen in DR.

When asked what they would like to see changed in their DR approaches, respondents identified the need to incorporate DR into their existing SACWIS systems to streamline procedures. Respondents expressed conflicting opinions about the process of pathway assignment. While some states would like hotline workers to make pathway assignments at the initial screening process, others would prefer that CPS complete all initial assignments. Kentucky commented that the process of determination before assessment creates inappropriate investigation pathway assignments, resulting in inequities. Virginia identified worker training and skills in family engagement as an area that would strengthen the DR approach. Other responses to this question included state needs for more community involvement. Other states reported concerns over the capacity to care for children outside of CPS due to the limited array of community service available. Wyoming, with 23 local offices, cited the need for improved policy and procedures at the state level to increase consistency among the “23 different interpretations of how to provide services to families.”

The importance of community services and appropriate buy-in from staff and stakeholders was chief among concerns and lessons learned from several states. Alaska commented that having contracted outside agencies that depend on referrals from CPS does not work well if the employees making the referrals do not want to use the program. North Carolina indicated that upfront and ongoing community and stakeholder education is critical at all times. Hawaii commented that there is a need for strong community partners who are willing to be the frontrunner as differential response providers. Additionally, the state responded, “training of staff, community folks and agency folks is important.”

Oklahoma cautioned that the implementation of DR is a process and that it requires much patience. This respondent expressed concern about the lack of data on DR: “We need as much data about the assessment response as we do the investigation response.” Finally, Minnesota emphasized the critical importance of evaluation.

Planned DR Models

Respondents from 9 states (Arkansas, Colorado, Connecticut, District of Columbia, Illinois, Massachusetts, Puerto Rico, Vermont, and Wisconsin) indicated that they had knowledge of planned DR in their states. Comments from some of these states indicated a very early stage in exploring DR, while other states have already initiated consultation from state and national organizations and have participated in QIC-DR information summits. Comments indicated an overall high degree of interest in the QIC-DR activities and in learning from other states already implementing DR.

These states responded to questions pertaining to assignment criteria for the non-investigation pathway in future DR. The area in which most states could provide answers was about reports that would not be accepted into the planned non-investigation pathway due to the type of maltreatment or child and family characteristics. Allegations of physical or sexual abuse would require a family to be placed in an investigation pathway in several of the states planning DR. Connecticut detailed several factors that could rule a family out of the non-investigation pathway, including prior adjudication, sexual abuse, severe physical abuse, and two substantiations on one person residing in the home in the past year.

Four of these responding states said that they will likely be able to place children in foster care as a result of an assessment in a non-investigation pathway. Wisconsin indicated, “Current state law allows for placement for service reasons regardless of whether maltreatment exists.” Massachusetts, in the early planning phase of DR, commented, “Although, we would not anticipate this being typical, we would not preclude placement if during the assessment it became clear that safety or risk factors warranted it.”

Puerto Rico and Vermont indicated that they will be able to refer children in juvenile dependency cases to the non-investigation pathway, though neither state offered explanations. Wisconsin indicated that it will not refer juvenile dependency cases to a non-investigation pathway: “[We] will limit differential response to child protection cases. Juvenile justice policy is established by a separate state agency, although comprehensive assessments of family needs are encouraged.”

DISCUSSION

Study Limitations

This survey has some limitations that should be noted. While a 77% response rate is reasonable for an online survey, not all states in the nation with known DR models responded to the survey. Consequently, not all states with active DR are represented in the findings from this survey. Additionally, some respondents did not complete a sufficient number of questions to provide a clear picture of DR in their states, and therefore could not be included in the analysis. The survey was sent to state-level administrators, who were told that they may forward the survey to a person who is more knowledgeable if necessary. In states where services are county-administered, state-level respondents may have necessarily left questions blank if they were only pertinent at the county level.

The language of the survey may have led to some ambiguous responses particularly in the more specialized areas of the survey, such as questions related to NCANDS. It appeared that some respondents either were not familiar with NCANDS or did not understand the question. Due to the short time frame for this study, the analysis relied primarily on online responses, rather than more individualized state contacts.

Conclusions

Findings from this survey revealed many commonalities in DR models across the nation. Overall, states with self-defined DR appear to be incorporating the core elements of a DR model in CPS as identified in the 2006 national study. These DR models include a separate pathway for screened-in and accepted reports of child maltreatment. Families are assigned to the alternate pathway(s) based on the level of risk and/or case characteristics. Families can be reassigned from the non-investigation pathway to the investigation pathway as needed in all states, but only in some could a reassignment be made in the other direction. DR in most states is codified by law, and is evident in policy and protocols in nearly all states. None of the states substantiate maltreatment allegations in the non-investigation pathway.

As states develop DR approaches to fit individual state needs and statutory requirements, there is also a pattern of variation. For example, while most of the DR states have multiple pathways for families with screened-in reports of child maltreatment, some states also include a diversion pathway offering community services to families with screened-out reports of child abuse or neglect.

The most prominent dissimilarity is in the decision-making models and staffing for pathway assignment, which vary from state to state and among counties within states. Some states make the assignment to the investigation or non-investigation pathway immediately at the time of the report. In other states, pathway assignment is made later by a caseworker, who makes direct contact with the family. Beyond the range of approaches to pathway assignment, states are generally consistent in including the core elements of DR identified in the 2006 national study. No state indicated a minimum age required for assignment to a non-investigation pathway.

The survey also provided some information about DR models that are no longer being implemented, as well as those in the planning stages. States reported that they discontinued

implementation of DR due to reasons including high cost, change in leadership, and change in agency focus. While DR has been found in some states to increase job satisfaction among workers,⁴ 1 state gave staff turnover due to DR as a reason for discontinuing DR implementation. Comments from the 8 states exploring DR indicate a range of readiness for implementation. The plans and expectations for implementation of DR in these states indicate a consistency with the core DR model, in terms of criteria for assignment to the non-investigation pathway, but many of the details of implementation have not yet been determined.

Overall, responding states described DR as a holistic approach that allows workers to assess the child and family's situation without focusing only on the reported incident or the perpetrator. Without the labeling that occurs as part of an investigation, families are engaged in their own service planning and may be more likely to access services.

Respondents' comments demonstrated an interest in the resources that may be offered by the QIC-DR to states developing DR approaches. The QIC-DR is viewed as a user-friendly source of technical support and information on best practices associated with DR and family-centered practice. States expressed much interest in learning about DR approaches being undertaken in other states, and hope that the QIC-DR will facilitate this sharing of knowledge.

⁴ See for example, Huebner, R., Durbin, L., Brock, A. (2009). *Program evaluation of the multiple response system Kentucky department for community based services*. Unpublished manuscript.

APPENDIX
QIC-DR Survey
Data Dictionary

Welcome Page

The National Quality Improvement Center on Differential Response in Child Protective Services (QIC) welcomes you to our survey on Differential Response. We are requesting that you take this survey to help inform us about what your State or jurisdiction is doing or planning to do in this area. This survey should take no longer than 30-45 minutes to complete and will complement and update information gathered in past surveys.

One of the overarching goals of the QIC is to generate and disseminate knowledge on effective practice models of differential response. Differential response, also referred to as “dual track,” “multiple track,” or “alternative response” is an approach that allows child protective services to respond differently (i.e., without investigation), to some accepted reports of child abuse and neglect. In cases handled under one or more non-investigative pathways, typically no formal determination or substantiation of child maltreatment is made. In this survey we will be referring to multiple track or alternative response tracks as a differential response approach.

The QIC is tasked with supporting and/or replicating innovative, collaborative, and effective practices at the State and local level that strive to improve child welfare outcomes for children and their families through the utilization of effective practice models of differential response in child protection. This survey is the first step in identifying these practices.

We appreciate your cooperation in taking this survey. Please note that you will be able to leave this survey and rejoin it as you wish if you are unable to complete it in one session. If you experience problems taking this survey or have any questions please contact Mary Jo Ortiz at 916-239-4020, ext. 235 or mjortiz@wrma.com.

Introductory Questions for All Respondents

Questions 1 and 2 asked for respondent’s name and contact information and were purposefully left off of this document.

- 3) Does your State/jurisdiction have a differential response approach in child protective services?
- Yes
 - No
 - I don't know

For Those Who Indicated they have a Current DR approach in CPS:

- 4) What is the name of your differential response approach?
- 5) What year was your differential response approach implemented?

- 6) Why did your State/jurisdiction decide to implement a differential response approach?
(select all that apply)
change in leadership
statutory requirement
reaction to crisis
other (please explain)
I don't know
- 7) How is the differential response approach funded?
- 8) Select the option below that best describes the scope of implementation of the differential response approach.
Statewide
Multiple Jurisdictions but not Statewide
Single Jurisdiction
- 9) If your differential response approach is not statewide, are there plans to expand it?
Yes
No
I don't know
- 10) Does the differential response approach have a formal pathway(s)/tracks for SCREENED OUT reports of alleged child maltreatment?
Yes
No
I don't know
- 11) Does the differential response approach have a formal pathway(s)/tracks for SCREENED IN AND ACCEPTED reports of alleged child maltreatment?
Yes
No
I don't know
- 12) Please identify the current number of distinct pathways/tracks for screened in reports of alleged child maltreatment.
1
2
3
4
5

- 13) Have you previously used - but no longer use - more than 1 pathway/track to respond to screened in and accepted reports of alleged child maltreatment?
Yes
No
I don't know
- 14) If your State/jurisdiction does not currently have a differential response approach, are there plans to implement such an approach in Child Protective Services in the future?
Yes
No
I don't know
- 15) Please rate the following (1 = lowest and 5 = highest satisfaction level):
How satisfied is your State/jurisdiction with its current (non differential response) approach?
- 16) What are the perceived advantages and disadvantages of differential response for your State/jurisdiction?
- 17) Who decides the pathway/track assignment of the case (select as many as is appropriate)?
Hot Line Worker
Case Worker Only
Supervisor Only
Case worker Decides/Supervisor Approves
Joint Case Worker/Supervisor
Other (explain)
- 18) In most differential response systems, CPS agencies have various staffing models for serving the families in the different pathways (typically investigative pathway and the non-investigative family assessment pathway). Please describe your staffing model for those who conduct non-investigative family assessments.
- 19) At what point does your staff make the assignment to a non-investigative family assessment?
- 20) Do you have available a flow-chart describing the pathway/track assignment process?
Yes
No
I don't know

21) Are you able to share it with us upon request?

Yes

No

22) Is there a risk assessment tool or decision-making tree to guide pathway assignment?

Yes

No

I don't know

23) Are you able to share it with us upon request?

Yes

No

24) Are children receiving non-investigative family assessments reported to the National Child Abuse and Neglect Data System (NCANDS)?

Yes

No

I don't know

25) Please explain. (if no to above)

26) What NCANDS report disposition(s) are used for children receiving a non-investigative family assessment? (Check all that apply)

substantiated

indicated or reason to suspect

alternative response victim

alternative response nonvictim

unsubstantiated

unsubstantiated due to intentionally false reporting

closed no findings

other

unknown

If you selected more than one disposition, please explain how dispositions are assigned for children receiving non-investigative assessments

27) Is the assignment to a non-investigative family assessment limited by risk?

Yes

No

I don't know

If yes, please explain

- 28) Is the assignment to a non-investigative family assessment limited by child maltreatment type?
Yes
No
I don't know
If yes, please explain
- 29) Is the assignment to the non-investigative family assessment limited by source of the reporter?
Yes
No
I don't know
If yes, please explain
- 30) Due to state or agency policy, are families excluded from receiving a non-investigative family assessment based on child age?
Yes
No
I don't know
- 31) If yes, select the age ranges of children that are excluded from receiving a non-investigative family assessment.
less than age in years
greater than age in years
- 32) Is the assignment to the non-investigative family assessment limited by the number of prior reports of alleged child maltreatment within the previous year?
Yes
No
I don't know
If yes, please explain
- 33) Are there child or family characteristics considered, besides child age, that would preclude a differential response approach?
Yes
No
I don't know
If yes, please explain

34) May a non-investigative family assessment be used when a child is in an existing foster care placement?

Yes

No

I don't know

If yes, please explain

35) May a child be placed in foster care as a result of a non-investigative family assessment?

Yes

No

I don't know

If yes, please explain

36) Can a child who is involved in juvenile dependency court receive a non-investigative family assessment?

Yes

No

I don't know

If yes, please explain

37) Can families who are initially assigned to the INVESTIGATION pathway/track be reassigned to a NON-INVESTIGATIVE FAMILY ASSESSMENT pathway/track due to either additional information gathered during the investigation or situational changes?

Yes

No

I don't know

If yes, please explain

38) Can families who are initially assigned to the NON-INVESTIGATIVE FAMILY ASSESSMENT pathway be reassigned to an INVESTIGATION pathway due to either additional information gathered during the assessment or situational changes?

Yes

No

I don't know

If yes, please explain

39) Is the differential response approach mandated by statute?

Yes

No

I don't know

If yes, please provide the statute number or other identifying information.

40) Are there practice, policy, and/or procedure guidelines referencing the differential response approach in child protective services?

Yes

No

I don't know

41) Are these practice, policy, and/or procedure guidelines publicly available?

Yes

No

If yes, where can they be found?

42) Select the option(s) below that best describe the five most frequently recommended services for families served under the differential response pathway/track. (Select up to five that apply)

Parenting Classes

Substance Abuse Programs

Family Counseling

Family planning/Pregnancy related services

Advocacy Services

Medical Services

Dental Services

Child Care

Home Cleaning Help

Services related to economic hardship (e.g. housing assistance, employment services, financial subsidy, transportation services)

43) Is it possible to substantiate an alleged maltreatment for families served in a non-investigative assessment?

Yes

No

I don't know

If yes, please explain

44) Is the name of the alleged perpetrator entered into a central registry for those individuals who are served through a non-investigative family assessment?

Yes

No

I don't know

45) In your opinion, what practice(s) seems to work the best in your differential response approach in CPS?

46) In your opinion, is there anything that should/could be changed about your differential response approach in CPS?

For Those Who Indicated Past and Now Defunct DR Systems:

47) What was the name of your differential response approach in Child Protective Services (CPS)?

48) How was the differential response approach funded?

49) How long was the differential response approach in effect?

50) How often were children referred to an alternative pathway in your differential response approach?

51) What year did the differential response approach in CPS end?

- Prior to 1998
- 1998
- 1999
- 2000
- 2001
- 2002
- 2003
- 2004
- 2005
- 2006
- 2007
- 2008

52) Select the option below that best described the scope of the differential response approach in CPS?

- Statewide
- Multiple jurisdiction but not statewide
- Single jurisdiction

53) Did the differential response approach include a formal pathway(s)/tracks for screened out reports of alleged maltreatment?

- Yes
- No
- I don't know

54) Did the differential response approach have a formal pathway(s)/tracks for screened in and accepted reports of alleged child maltreatment?

- Yes
- No
- I don't know

55) Please identify the number of discrete responses used for screened in and accepted reports of alleged child maltreatment.

- 1
- 2
- 3
- 4
- 5
- more than 5

56) Who decided the pathway/track assignment of the case (select as many as is appropriate)?

- Hotline worker
- Case Worker only
- Supervisor only
- Case Worker decides/Supervisor approves
- Joint Case Worker/Supervisor
- Unknown
- Other (please specify)

57) Was there a risk assessment tool or decision making tree to guide pathway assignment?

- Yes
- No
- I don't know

58) At what point in the decision making process was an assignment to a non-investigation family assessment made?

59) Was the assignment to a non-investigative family assessment limited by risk?

- Yes
- No
- I don't know
- Please explain:

60) Was the assignment to a non-investigative family assessment limited by child maltreatment type?

- Yes
- No
- I don't know
- If yes, please list the types of maltreatments that would exclude a child from receiving a non-investigative assessment.

61) Was the assignment to the non-investigative family assessment limited by source of the reporter?

- Yes
- No
- I don't know
- If yes, please list the report sources that excluded a child from receiving a non-investigative assessment.

62) Due to state or agency policy, were families excluded from receiving a non-investigative family assessment based on child age?

Yes

No

63) Select the age ranges of children that were excluded from receiving a non-investigative family assessment by state or agency policy.

less than age (in years):

greater than age (in years):

64) Could families who were initially assigned to the INVESTIGATION pathway be reassigned to a NON-INVESTIGATIVE FAMILY ASSESSMENT pathway, due to either additional information gathered during the investigation or situational changes?

Yes

No

I don't know

65) Could families who were initially assigned to the NON-INVESTIGATIVE FAMILY ASSESSMENT pathway be reassigned to an INVESTIGATION pathway, due to either additional information gathered during the assessment or situational changes?

Yes

No

I don't know

66) Was the differential response approach in CPS mandated in statute?

Yes

No

I don't know

67) Did you have practice, policy, and/or procedure guidelines that formally referenced the differential response approach?

Yes

No

I don't know

68) Select the option(s) below that best describe the five most frequently recommended services for families served under the differential response pathway/track. (Select up to five that apply)

Parenting classes

Substance abuse programs

Family counseling

Family planning/pregnancy related services

Advocacy services

Medical services

Dental services
Child care
Home cleaning help
Economic hardship services (e.g., housing assistance, employment services, financial subsidy, transportation assistance)
Other (please explain)

69) Was it possible to substantiate alleged maltreatment for families who received a non-investigation family assessment?

70) Was the name of the alleged perpetrator entered into a central registry for those individuals who received a non-investigative family assessment?

Yes

No

I don't know

If yes, please explain:

71) Why was the differential response approach abandoned?

72) Are there plans to reinstate the differential response approach in CPS?

Yes

No

I don't know

For Those Indicating Planned Future DR systems:

73) Do you have knowledge of the future planned differential response approach to CPS?

Yes

No

I don't know

74) Will the assignment to the non-investigative family assessment pathway/track be limited by child maltreatment type?

Yes

No

I don't know

If yes, please list the types of maltreatments that would exclude a child from receiving a non-investigative assessment.

75) Will the assignment to the non-investigative family assessment response pathway/track be limited by source of the reporter?

Yes

No

I don't know

If yes, please list the report sources that may exclude a child from receiving a non-investigative assessment.

76) Due to state or agency policy, will families be excluded from receiving a non-investigative family assessment based on child age?

Yes

No

I don't know

77) Select the age ranges of children that will be excluded from receiving a non-investigative family assessment by state or agency policy.

less than age (in years):

greater than age (in years):

78) Will the assignment to a non-investigative family assessment be limited by the number of prior reports of alleged child maltreatment within the previous year?

Yes

No

I don't know

If yes, please specify the number of reports:

79) Will other child or family characteristics be considered, besides child age, that may preclude a differential response approach?

Yes

No

Unsure

Comment:

80) Will a non-investigative family assessment pathway/track be used when a child is in an existing foster care placement?

Yes

No

I don't know

If yes, please list any limiting conditions.

81) Will it be possible for a child to be placed in foster care as a result of a non-investigative family assessment?

Yes

No

I don't know

If yes, please list any limiting conditions.

82) Will it be possible for a child who is involved in juvenile dependency court to be able to receive a non-investigative family assessment?

Yes

No

I don't know

If yes, please list any limiting conditions.

83) Do you know of someone who is knowledgeable of the future planned differential response approach in CPS?

Yes

No

84) If yes, please provide the name and email address of the person who you think is most knowledgeable about the future planned differential response approach in CPS?

Name:

Email Address:

85) When is the differential response approach in CPS planned to begin?

2009

2010

2011

2012

2013

Unsure

86) What will be the name of your differential response approach?

87) What are the funding possibilities for a future differential response approach?

88) What option below best describes the scope of the planned differential response Approach in CPS?

Statewide

Single Jurisdiction

Multiple Jurisdictions but not Statewide

89) Will the differential response approach have a formal pathway(s) for screened out reports of alleged child maltreatment?

Yes

No

I don't know

If yes, please explain how this process will work.

90) Who will decide the pathway/track assignment of the case (select as many as is appropriate)?

Hotline worker
Case Worker only
Supervisor only
Case Worker decides/Supervisor approves
Joint Case Worker/Supervisor
To be determined
Other (please specify)

91) Will a risk assessment tool or decision-making tree be used to guide pathway assignment?

Yes
No
I don't know

92) At what point will the person responsible make the assignment to a non-investigative family assessment?

93) Will children receiving a non-investigative family assessment be reported to NCANDS?

Yes
No
I don't know
If no, please explain.

94) If you will be reporting children receiving non-investigative assessments to NCANDS, what NCANDS report disposition(s) may be used for these children? (Check all that may apply)

Substantiated
Indicated or reason to suspect
Alternative response victim
Alternative response nonvictim
Unsubstantiated
Unsubstantiated due to intentionally false reporting
Closed-no finding
Other
Unknown

If you selected more than one disposition: How will you assign report dispositions to children receiving differential responses?

95) Will it be possible to reassign families who are initially assigned to the INVESTIGATION pathway/track to a NON-INVESTIGATIVE FAMILY ASSESSMENT pathway, due to either additional information gathered during the investigation or situational changes?

Yes
No
I don't know
If yes, please briefly explain.

96) Will the initial track assignment be able to be reassigned from a NON-INVESTIGATIVE ASSESSMENT TO AN INVESTIGATION, due to either additional information gathered during the assessment or situational changes?

Yes

No

I don't know

If yes, please briefly explain.

97) Will there be practice, policy, and/or procedure guidelines referencing your differential response approach in CPS?

Yes

No

I don't know

98) Will these practice/policy protocols be publicly available?

Yes

No

I don't know

If yes, please specify where they will be found.

99) Will it be possible to substantiate an alleged maltreatment for families served in a non-investigative family assessment?

Yes

No

I don't know

If yes, please explain.

100) Will the name of the alleged perpetrator be entered into a central registry for those individuals who will be served through a non-investigative family assessment?

Yes

No

I don't know

If yes, please explain.

Optional Questions for All Respondents:

101) Do you have any comments or lessons learned to share with us about differential response?

102) What do you understand as the purpose of the QIC and how do you envision it working?

103) What would you like to know about differential response from the QIC?