

National Quality Improvement Center on Differential Response in Child Protective Services

Perspectives on Implementing Differential Response

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Perspectives on Implementing Differential Response

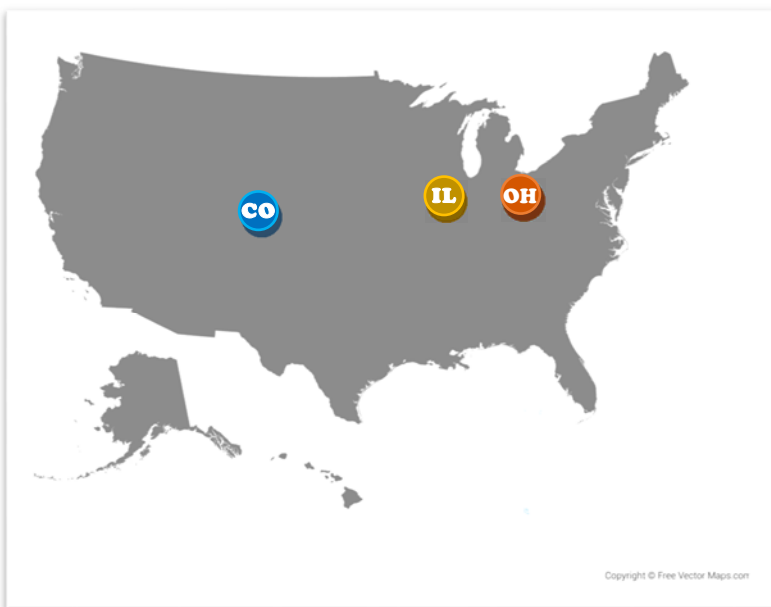
Introduction

Differential response (DR) is a variation of delivering child protective services (CPS) that includes at least two distinct pathways for responding to screened-in reports of child maltreatment, the investigative response (IR) and the alternative response (AR). DR is also sometimes used to refer to CPS systems that are comprised of only one pathway for responding to screened-in reports, namely IR, but include a diversion component that triages screened-out reports to community agencies. This report does not address this latter type of DR system.

Generally, under the dual response pathway version of DR, AR is intended for low- and moderate-risk maltreatment allegations, while IR is reserved for allegations of child maltreatment that are considered to be of high risk or needing potential involvement of law enforcement. Given the interest and growth of DR throughout child welfare systems in the United States, the U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children’s Bureau funded the Quality Improvement Center on Differential Response in Child Protective Services (QIC-DR). The American Humane Association received this award, which was later transferred to The Kempe Center for the Prevention and Treatment of Child Abuse and Neglect. The QIC-DR operated between 2008 and 2014.

This QIC-DR was structured to generate and disseminate knowledge on DR and to support the infrastructure at state and local levels to improve outcomes for children and families referred for suspected maltreatment. The QIC-DR included three components aimed at increasing the knowledge base of DR: 1) local evaluations conducted in child welfare systems; 2) a cross-site evaluation; and 3) a dissertation research component for PhD candidates. The local and cross-site evaluations can be found at www.differentialresponseqic.org.

Three research and demonstration (R&D) sites were selected to implement and evaluate DR. The sites selected were:



The Colorado Consortium on Differential Response (CCDR):
Representing five counties (Arapahoe, Fremont, Garfield, Jefferson, and Larimer) and the state Division of Child Welfare, with the local evaluation conducted by Colorado State University Social Work Research Center and Westat;

Illinois Department of Children and Family Services (IDCFS):
Consisting of a statewide implementation of DR, with the local evaluation conducted by the Children and Family Research Center at the University of Illinois Urbana-Champaign; and

The SOAR Consortium:
Representing Six Ohio Counties Implementing Alternative Response (Champaign, Clark, Madison, Montgomery, Richland, and Summit), with the local evaluation conducted by the Human Services Research Institute.

This Brief Resource

Numerous QIC-DR reports, as well as other publications, provide extensive information on the implementation of DR. This document is not intended to be an implementation manual, nor does it exhaustively encompass the full range of implementation lessons, challenges, or successes. Readers looking for a more exhaustive or comprehensive implementation guide are encouraged to visit www.differentialresponseqic.org.

The purpose of this brief report is to highlight some implementation experiences from the vantage point of the three QIC-DR site-level project directors.

Perspective #1: Establishing a Vision for DR

Each of the three QIC-DR sites had a vision for the implementation of DR. The following are examples that showcase the process of establishing the vision in two of the QIC-DR sites.

IL EXAMPLE

Differential response was seen as part of a larger effort toward reshaping child welfare work in Illinois to protect children while strengthening and supporting families, specifically work within the Child Protection Division. Prior to DR, the most recent major

In considering whether DR would be an appropriate strategy in Illinois, three factors were considered:

- *the number of cases that did not receive any services after an investigation was completed;*
- *the repeat maltreatment rate; and*
- *the opportunity to work with families on a voluntary basis in lieu of an investigation.*

CPS reform occurred almost two decades ago. Following a series of highly publicized child fatalities in 1993 and 1994, the Illinois legislators passed Public Act 88-614 on September 7, 1994. Public Act 88-614 mandated IDCFS to develop and implement a standardized Child Endangerment Risk Assessment Protocol (CERAP), train and certify all public and private agency workers on its use, and submit an annual evaluation report to the Illinois General Assembly that would include an examination of the reliability and validity of the protocol. No other significant changes were implemented within the Child Protection Division from 1995 to 2010. The CPS in Illinois, therefore, was positioned and ready for a new and innovative effort to serve the dual goals of providing services to more families who were at-risk of additional contact with the child welfare system while potentially reducing maltreatment recurrence rates. The Department convened a task group to develop, implement, and evaluate DR in Illinois. Members of the task group received information when they participated in the Differential Response Policy and Practice Summit hosted by the QIC-DR.

OH EXAMPLE

In July 2007, a Request for Proposals was issued by The Supreme Court of Ohio, Ohio Department of Job and Family Services (ODJFS), and the Ohio consultant team. Through this competitive process, the ten Ohio AR pilot counties were selected. Each individual county signed an agreement with ODJFS to participate in the pilot. The county-level representatives from the pilot sites joined with representatives of the Subcommittee, ODJFS, The Supreme Court of Ohio, the consultant team, and various other stakeholders to create the Alternative Response Design Workgroup, which held its first meeting in September 2007. As its name implies, the task of the Workgroup was to design Ohio's DR model and to develop an implementation plan. This work was guided and facilitated by the consultant team and accomplished through a combination of full group meetings in Columbus, OH, and dozens of conference calls. ODJFS policy staff drafted and established administrative rules for the pilot to accommodate changes in practice voted upon by the Design Workgroup and guided the draft rules through the review and approval process. In this way, the vast knowledge and experience of the consultant team was blended with the expertise of state and county-level stakeholders to develop a practice model and implementation plan designed specifically to meet Ohio's needs. Ohio's Public Children Services Agencies (PCSAs) are organized under a state-supervised and county-administered model; thus, each organization was responsible for taking the policy framework, administrative rules, and tools created with AR Design Workgroup input back to the individual counties where implementation details would be worked out. Each of the ten pilot counties developed and presented its individualized implementation plan to the entire Ohio AR Design Workgroup.

Perspective #2: Put in Place Legislative Changes

Legislative changes were required in all three sites in order to allow that certain accepted reports of child abuse and neglect not have findings or dispositions, nor label perpetrators and victims in a central registry. Each site's journey to legislative change was unique; the following serve as examples.

CO EXAMPLE

Prior to beginning DR practice, Colorado statute needed to be adjusted to allow for participating counties to abstain from making a determination of whether or not maltreatment occurred in their version of AR, known as Family Assessment Response (FAR). This legislation was developed as a first step to implementation. It passed unopposed in the spring of 2010. Part of the legislation laid out a five-year plan for evaluation and reporting to the legislature. As enthusiasm for the practice grew, however, political will moved the process forward more readily than had been initially stated in the legislation. In 2012, legislation passed to allow other counties to begin the process of preparing for implementation, and since that time, an additional nine counties have participated in various stages of training and preparation. Rescinding the original, more incremental, approach caused some stakeholders to pause and contributed to discussions about the feasibility and resource capacity of the state. The original five counties began assisting more counties in similar practice shifts and implementation of a dual track response.

IL EXAMPLE

It was discovered that the current Illinois state statutes did not allow for an approach such as DR. The current statute was very clear: if a call to the statewide hotline met the criteria set forth in statute for a report, there was one distinct pathway, an investigation. With support from Senator Hunter and other Senate sponsors, the proposed DR legislation was quickly passed in the Illinois Senate. The Differential Response Act passed into law in August 2009, effective January 1, 2010. The DR Statute established the Differential Response Five-Year Demonstration Program. During the demonstration period, reports involving specific allegations of child neglect that met a set of predetermined criteria were eligible to be randomly assigned to either an investigation or family assessment pathway. Unlike an investigation, which required gathering forensic evidence and a formal determination regarding whether child maltreatment occurred, a family assessment was voluntary, non-adversarial, non-accusatory, and no finding was entered into the State Central Register (SCR). Family members would not be labeled perpetrators or victims, and a record of the case would not be entered in the SCR. After the DR specialist completed the initial assessment, short-term "Strengthening and Supporting Families" services were provided by a purchase of service agency.

OH EXAMPLE

In Ohio, activity to change Ohio statute and administrative code began several years earlier and well before the awarding of the QIC-DR grant. In January 2006, the Final Report to the Advisory Committee on Children, Families and the Courts was completed. The report contained a number of global recommendations regarding the establishment of an AR system in Ohio. Ohio Senate Bill 238, enacted on June 21, 2006, included a provision authorizing a pilot AR project in Ohio. The bill specified that the pilot should be independently evaluated over an eighteen-month period in a maximum of ten Ohio counties. County participation in the pilot was to be on a voluntary basis and was expected to measure child and family well-being, fiscal impact, caseworker satisfaction, family satisfaction, and any potential impact on Child and Family Service Review or Ohio judicial system outcomes resulting from the new model of practice.

Perspective #3: Securing Stakeholder and Community Support for Change

Stakeholder and community support in the implementation of most changes in CPS is crucial. When CPS attempts to change the way it has been operating, there is natural interest and concern about the welfare and safety of children in the community. Each site had distinctive experiences with different stakeholder groups. Illinois, a state-administered system, provides a glimpse of how support was garnered from the beginning.

IL EXAMPLE

It was recognized that the buy-in and support from the leadership of IDCFS and its community partners was critical. A peer-to-peer technical assistance session, facilitated by Casey Family Programs, was held in Chicago in July 2009. A range of stakeholders was invited to participate in this process, including IDCFS specialists; managers; administrators; deputy directors; American Federation of State, County, and Municipal Employees (AFSCME) representatives; representatives from the Public Guardian's Office; the Office of the Inspector General; the Children and Family Research Center; and Strengthening Families Illinois. Peer consultants from Minnesota included supervisors, a deputy director, a research director, a program consultant, and a program manager. Following the peer-to-peer technical assistance, a Steering Committee was established to begin the DR planning process. Most of the peer-to-peer technical assistance participants from the Illinois team continued in the planning process as members of the Steering Committee, in addition to other IDCFS and community stakeholders who were invited to join the committee. In addition, for over a year, informational meetings were held in every regional IDCFS office to discuss DR with direct public and private agency service staff and all stakeholders. It was critical yet difficult to obtain the buy-in of public direct service and management/executive-level staff. A memorandum of understanding (MOU) was reached with the union regarding staffing of the five-year demonstration project; during the randomized control trial, the level of support and buy-in increased. The buy-in from external private stakeholders was obtained at a quicker rate and was consistent.

Perspective #4: New Tools May be Needed

As jurisdictions implement DR, it is common for various tools and procedures to be introduced. These tools provided guidance and structure for the process. In Colorado, these tools created tangible and symbolic differences for everyday casework, which new county staff expressed were helpful when examining capacity and plans for implementation. Below are examples from Colorado and Illinois.

CO EXAMPLE

At the beginning of the project, practitioner workgroups developed new tools to support the dual track response system and the additional practices. These tools included, but were not limited to, the Screening Guide, a Family Brochure, and the Family Assessment Response Services Plan.

- **Screening Guide:** This document included a list of questions designed to assist screeners in guiding conversations with reporting parties to get necessary information related to the alleged maltreatment, in addition to known family strengths and supports. The idea was that extra information at the time of the report would assist teams in making decisions about assignment, track eligibility, and response time. Over the course of the project, the practitioner workgroup continued to re-examine the guide. Early in the project, an ad hoc report on administrative data around race and ethnicity revealed a large number of assessments with missing information on race and ethnicity of families. The workgroup determined that asking at the time of the report, particularly for family members and/or mandatory reporters, would set the stage for the assessment worker to further the conversation in this area. The workgroup added questions on the screening guide to this effect and requested that this be mandatory information for each completed assessment. The project director developed a short, three-hour training on the screening guide and delivered this training to all screeners in all five counties. County staff embraced the shift to gathering more information, and screeners in several counties adapted the guide into a word processing template to assist in call entry. Based on this early adaptation, a county staff member developed a computer application that assisted screeners in documenting information obtained. This application provided a smooth flow through allegation, safety, strength, and demographic information collection and generated a report at the end that screeners could cut and paste into the SACWIS system. This guide was used to assist the state in the rollout of a hotline designed to enhance screening consistency across Colorado.

CO EXAMPLE

- **Family Brochure:** The brochure was developed to assist in providing families with information about Family Assessment Response, possible next steps, and their rights and responsibilities. Brochures from other states, parent feedback, and caseworker assistance were all incorporated during the development. For some caseworkers, the brochure fit easily into their style; for others, the presentation felt awkward and strange. Following the evaluation, the brochure was updated to eliminate language about the evaluation component.
- **Family Assessment Response Services Plan:** This plan format was created using a simplified casework framework to accommodate for field completion and/or completion during a family meeting. It was different from the traditional IR services plan in that it allowed for a more free-flowing narrative, which some caseworkers preferred. However, some caseworkers did express that the plan lacked enough structure and prompts to meet the standards for services planning as outlined in state rule. Consequently, early in-home services review by the Administrative Review Division (ARD) found gaps in service planning. The standard for a service plan in Colorado is that the plan should be SMART, that is, specific, measurable, achievable, realistic, and time-limited. Caseworkers found it difficult to apply SMART principles, which were geared for traditional child welfare service plans, to AR cases. At training, one worker expressed that she was writing two different plans—one for the family and one for case review. State program staff responded that this was not the intent of the plan change in FAR cases. Still, there was a positive result of this difficulty. The ongoing services administrator had identified this challenge as not just a FAR problem, but also as a statewide issue as caseworkers tried to merge practice with perceived and real review standards. The administrator developed and delivered training in the majority of Colorado counties on this topic.

IL EXAMPLE

In Illinois, the initial Steering Committee developed a Tools Committee to provide suggestions and recommendations. Three tools were developed by the project director for utilization by DR staff, including the Family Assessment Consent Form, the Family Assessment, and a Voluntary Family Enhancement Plan. Illinois wanted to keep DR simple, and the purpose of these forms reflected that motivation. DR aimed to help support and strengthen families, and Illinois used the Six Protective Factors to anchor each item created.

- **Family Assessment Consent Form:** The purpose of this form was to document that the family received important information about DR, including that 1) participation in the DR pathway was voluntary; 2) the family would not be reported to the SCR; 3) DCFS reserved the right to refer the case to investigation if at any time there was reason to believe that substantial child abuse/neglect or serious threats to the child's safety existed, and the information collected could be used by DCFS investigations in such instances; and 4) the family could withdraw its voluntary consent to participate in DR at any time.
- **Family Assessment:** The purpose of this tool was to assess the family members' identified strengths, identified needs, identified outcomes, and their suggested interventions. This tool also included a caregiver assessment.
- **Voluntary Family Enhancement Plan:** The purpose of this tool was to help the family create a plan to address and resolve its identified needs in order to strengthen the family.

OH EXAMPLE

The Supreme Court of Ohio, ODJFS, and the DR Leadership Council provided a framework and a process for Sustainability Assessments to be conducted in counties that had implemented DR. These assessments were conducted when the counties had sufficient time to implement and to become accustomed to DR. A Sustainability Assessment tool was completed by a county team to measure strengths and needs in various components deemed necessary to sustain the practice. Components assessed and measured were Goal and Vision; Leadership Commitment; Community Partnerships; Procedures and Tools; Staff Selection; Training; Coaching; Performance Assessment; Measures and Data; Infrastructure Strength and Capacity; Service Availability; Funding/Resources; and Communications and Messaging.

The Sustainability Assessment Tool encouraged an organization to look at components within the organization that were critical to sustaining DR; to measure where the organization was in terms of each of these aspects; and to develop a plan to improve those areas where it fell short. Once the Sustainability Assessment was completed and submitted to the coordinator, the county was paired with a contracted sustainability coach, who assisted the county in creating a Sustainability Plan based on the strengths and needs identified in the assessment of sustainability factors. As one might suppose, the lack of service resources was frequently mentioned as a challenge. The Sustainability Plan process offered an opportunity to bring together not only the child welfare organization but also the greater community to look for ways in which services to families could be maintained or expanded.

Perspective #5: Adapting automated data systems

IL EXAMPLE

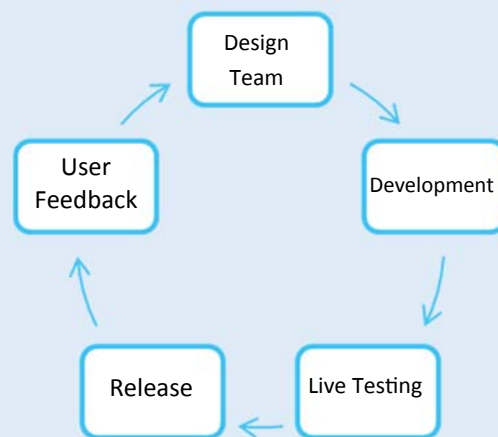
DR implementation required changes to the SACWIS system, including the creation of a new case type specific to the family assessment pathway, the ability to switch tracks, and the addition of new tools/screens to assist workers in their practice. The Deputy Director of Information Technology met daily or weekly with the DR Project Director and was involved in the creation of rule, policy, procedure, and the implementation of DR. As a result of this level of involvement, the design of the SACWIS system for DR was extremely creative. In addition, the screens and data collection tools necessary for the evaluation of the initial implementation, including the randomized control trial decisions, were incorporated into the SACWIS system.

CO EXAMPLE

As is the case with most SACWIS systems, Colorado Trails has been adjusted over time to reflect changing policies and practices. The overall process to design and develop DR-related screens was dynamic and responded to current implementation needs or those generated by the prior phase of implementation. Given project time constraints and the extensive changes proposed by the workgroups, the time and resources necessary for adequate testing of individual versions was at times limited. Consequently, some versions “broke” functioning parts of the system. Through trial and error, the Colorado group developed a fairly consistent system of making the changes necessary for continuous quality improvement.

The design team consisted of Trails support, caseworkers, supervisors, state staff, quality assurance entities, the evaluation team, and state- and county-level data analysts. After designs were proposed and developed, the same team participated in live testing, which was conducted either in person or via internet meetings. At times, this testing indicated the need for more development or that the changes were ready for release. Following release, depending on the significance of the changes, the design team facilitated phone, in-person, and/or webinar training. After about a month of implementation of a change, practice workgroup members were asked to provide feedback on the new changes, to suggest additional changes, to identify bugs, and to assist in prioritization for future development.

The consequences of changes to Trails have been mixed. Certainly, new screens were needed to accommodate changed policies related to not making findings of maltreatment, delivering services in the assessment phase, and switching tracks. For the most part, changes were effective in their intent. One difficulty, as noted above, was the unintended consequences of some of the changes, which resulted in time-consuming fixes.



Perspective #6: Don't Forget About the Supervisors

OH EXAMPLE

It is said that supervisors are the key to changing the way caseworkers practice with families. In Ohio, that was one of the significant lessons the team learned and addressed.

SOAR Project supervisors identified a training need that Ohio had not considered up to that point. Supervisors in the AR pathway were not only required to learn and manage work using a different set of response and completion time frames, but they were also required to use new tools. Even more critical to implementation was the introduction of the concept of “parallel process,” meaning that supervisors were expected to model a respectful and engaged way of dealing with staff that mirrored how staff members were expected to treat families. Basically, the interaction between worker and supervisor should parallel the interaction between worker and family. If families are viewed as “experts” on themselves and as equal partners, then supervisors should model that in their attitudes and behaviors toward workers (Brown, Cox, & Mahoney, 2012). There was no training specific to this, nor was there discussion about the somewhat changed role of the supervisor, an omission that Ohio remedied with the addition of training specific to “supervisors as coaches” for the workers they supervised. Ohio has also produced a set of Practice Profiles to provide clear behavioral indicators for measuring worker behavior in ten skills critical to the DR practice model (Bartley et al., 2013).

Perspective #7: Plans for Sustainability

OH EXAMPLE

While the QIC-DR project only ran from 2008 to 2014, Ohio provides an excellent example related to considering sustainability planning as early as possible.

The decision to expand implementation was made by the Ohio Department of Job and Family Services. The Ohio QIC-DR site was the second round of counties in Ohio to implement DR. Below are a few components designed to achieve sustainability and growth of DR:

- Orientation to DR practice is provided for each round of counties as they implement, conducted as a joint project of Ohio Department of Job and Family Services and Ohio DR counties .
- Training, coaching, mentoring, and shadowing experiences are available to counties as they implement DR. DR training is now available through the Ohio Child Welfare Training Program, and Ohio-based trainers are available to teach the curriculum. Given staff turnover and expansion of use of AR in some agencies, training is a constant need.
- DR counties are available to mentor counties new to the practice, and have been generous in providing shadowing opportunities for new counties. ODJFS, through the Alternative Response Experiential Learning (AREL) program, provides funding to host agencies to compensate for the time spent preparing for and hosting new counties, as well as to participants for the time spent away from daily work.
- Coaching for DR counties is available in two ways. As new counties implement DR, a coach is assigned by ODJFS to assist them in implementation. Coaches may be ODJFS staff or contracted staff. The Ohio Child Welfare Training Program also has a group of generically trained coaches available to create and execute coaching plans with interested agencies.
- Individual counties will continue to collect data on outcomes and are increasingly able to do that with the advent of updates in SACWIS reporting and the creation of additional reporting systems.

In Summary

The QIC-DR was fortunate to work with three sites with unique models of DR and implementation experiences. The project directors were a resource to one another during implementation and have benefitted from reflecting on their experiences. This brief resource highlighted some of their personal perspectives that they hope can assist other states or jurisdictions that may be considering, planning, or even implementing DR. For more information and resources, please visit www.differentialresponseqic.org.