



*100 years of serving our nation's children and families*

# Who Should Our Clients Be? Differential Response and the Provision of Services to Voluntary Clients.

Centennial Topical Webinar Series

October 22, 2012



# A Quick Review: History of Child Welfare

- Henry Kempe (1962) – MDT's evaluate infants/children to identify non-accidental injuries. *Battered child* most frequent diagnosis
- Federal and state laws (since 1974) mandate child protective services (CPS) take *some* action on each report received
  - Historically: Action = investigation = same response for *all* reports
  - Focus on fact-finding and identification of a perpetrator and victim(s)
- Need for a new way of responding to reports:
  - Increasing numbers of reports, but < 1/2 are accepted & receiving services
  - Child welfare agencies shifting toward family-centered, family-led practices
  - Classic *battered child* rarely seen



# Data Snapshot: Child Maltreatment, 2010

## U.S. Totals

- Reports: 3.3 million
- Screen-Out: 39.9%
- Screen-In: 60.7% or approx. 2 million
- Investigation: 1,793,724
  - 24.3% Substantiated
  - 1.4% Indicated
  - 70.4 Unsubstantiated
- Substantiated: 436,321
  - **78% Neglect**
  - 18% Physical Abuse
  - 9% Sexual Abuse



## National Statistics on Number and Percentages of Child Neglect Cases

YEAR	# OF CA/N VICTIMS	# OF NEGLECT VICTIMS	% NEGLECT VICTIMS
2000	862,455	515,792	59.8
2001	903,089	516,635	57.2
2002	895,569	523,704	58.4
2003	787,156	479,567	60.9
2004	872,088	544,050	62.4
2005	899,454	564,765	62.8
2006	885,245	567,787	64.1
2007	740,517	436,944	59.0
2008	758,289	539,322	71.1
2009	693,174	543,035	78.3
2010	688,251	538,557	78.3

# What is a Differential Response System?



Differential Response System describes a child protective service system organized to offer at least two response choices to **accepted** reports of child maltreatment

## Impetus for a Differential Response?



*Photo Courtesy of Denver Indian Family Resource Center*

- Majority of reports do not need an adversarial approach or court-ordered interventions
- Circumstances and needs of families differ and so should the response
- Traditional investigatory practice is often adversarial and frequently alienates parents
- Alternative response can be linked to family engagement approaches to identify and coordinate formal and non-formal services and supports
- Alternative Response Systems allow system to quickly address safety needs

# Getting to a Differential Response System

- Philosophy *[shift]*
- Structural Change
- Organizational Culture *[shift]*
- Practice *[shift]*



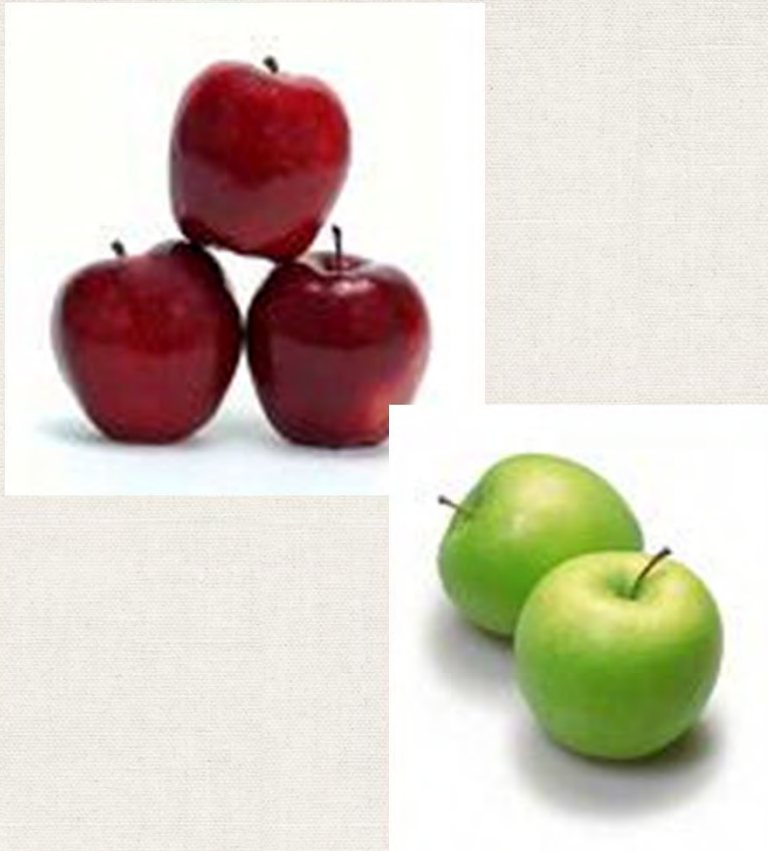
## Core Elements of a DR System (From AHA – CWLA 2006 Survey)

- AR/FAR are screened in cases
- Assignment to AR or IR based on established criteria
- Assignment can be changed (minimally from AR to IR)
- Families can choose to decline AR pathway and opt for IR pathway
- Family can choose to accept or not accept services (in absence of safety concerns)
- AR and IR are in statute or policy
- Formal assessment of maltreatment allegation not made
- No names entered into central registry





## Differences Between Non-Investigatory Response and Investigatory Response



- Focus on establishing safety not blame
- Safety through engagement of family strengths & community resources
- Parent as partner using collaborative practices
- Non-judgmental, honest & attentive responses
- Child safety addressed within context of family well-being
- Services not surveillance

[Loman, 2005]

## Commonalities Across Responses

- All focus on ensuring child safety and promoting permanency within family.
- All recognize child welfare agency's authority to make decisions about placement and court involvement.
- All contribute to creating system flexibility so CPS can respond to a family's changing circumstances, needs and desires.



Source: Kaplan, C., & Merkel-Holguin, L. (2008). Another look at the national study on differential response in child welfare. *Protecting Children*, 23(1 & 2), 5-21.

# Comparing Traditional Response and Alternative Response

## Traditional Response

- High risk cases, including sexual abuse & serious bodily injury
- Perpetrator determination, entry in SACWIS
- Services delivered, often with court mandate

## All CPS

- Safety
- Permanency
- Well-Being
- Comprehensive Assessment
- Family Engagement

## Alternative Response

- Low & moderate risk cases
- No finding, no perpetrator, and no ACV
- Emphasis on front-loaded services delivered in partnership with the family

# Distinctions Between Approaches

	Assessment	Investigation
Focus	To understand the underlying conditions and factors that could jeopardize the child's safety as well as areas of family functioning that need to be strengthened.	To understand what happened to the child in the incident being reported, who was responsible and what steps need to be taken to ensure the child's safety.
Type of Maltreatment	Generally targets low- to moderate-risk cases.	Under differential response, investigation is generally reserved for more serious reports that likely involve court action and/or criminal charges. Without differential response, investigation is used for all reports.
Purpose	To engage parents, the extended family network and community partners, in a less adversarial approach, to recognize problems and participate in services and supports to meet their needs.	To determine "findings" related to allegations in the report and identify "perpetrators" and "victims."
Substantiation	Reports of child abuse or neglect are not substantiated, and therefore perpetrators and victims are not identified.	A decision on substantiation of the allegations in the report is a key objective.
Central Registry	Alleged perpetrators' names are not entered into a State's central registry.	Perpetrators' names, based on the findings, are entered into a state's central registry.
Services	Voluntary services offered. If parents do not participate, the case is either closed or switched to another type of response.	If a case is opened for services, a case plan is generally written and services are provided. Families can be ordered by the court to participate in services if CPS involves the court in the case.
Areas of Commonality	All responses continue to include a focus on child safety, the promotion of permanency within the family whenever possible, the authority of CPS to make decisions on placement and court involvement, the value of community services, and the need to respond to changing family circumstances that challenge or promote child safety.	

# Factors Determining Response

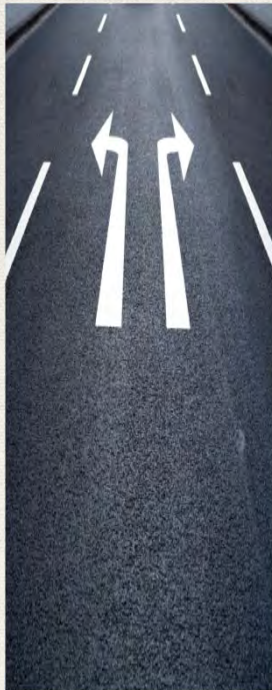
- State statutory and/or policy criteria
- Type of alleged maltreatment
- Severity of allegation
- History of past reports
- Ability to assure safety of child
- Willingness & capacity of parents to participate in services



## Criteria for Assignment to Response Path (example)

### Investigation used for cases involving:

- drugs
- extreme mental health concerns
- child endangerment
- domestic violence
- sexual abuse
- physical abuse or neglect which result in serious bodily injury.

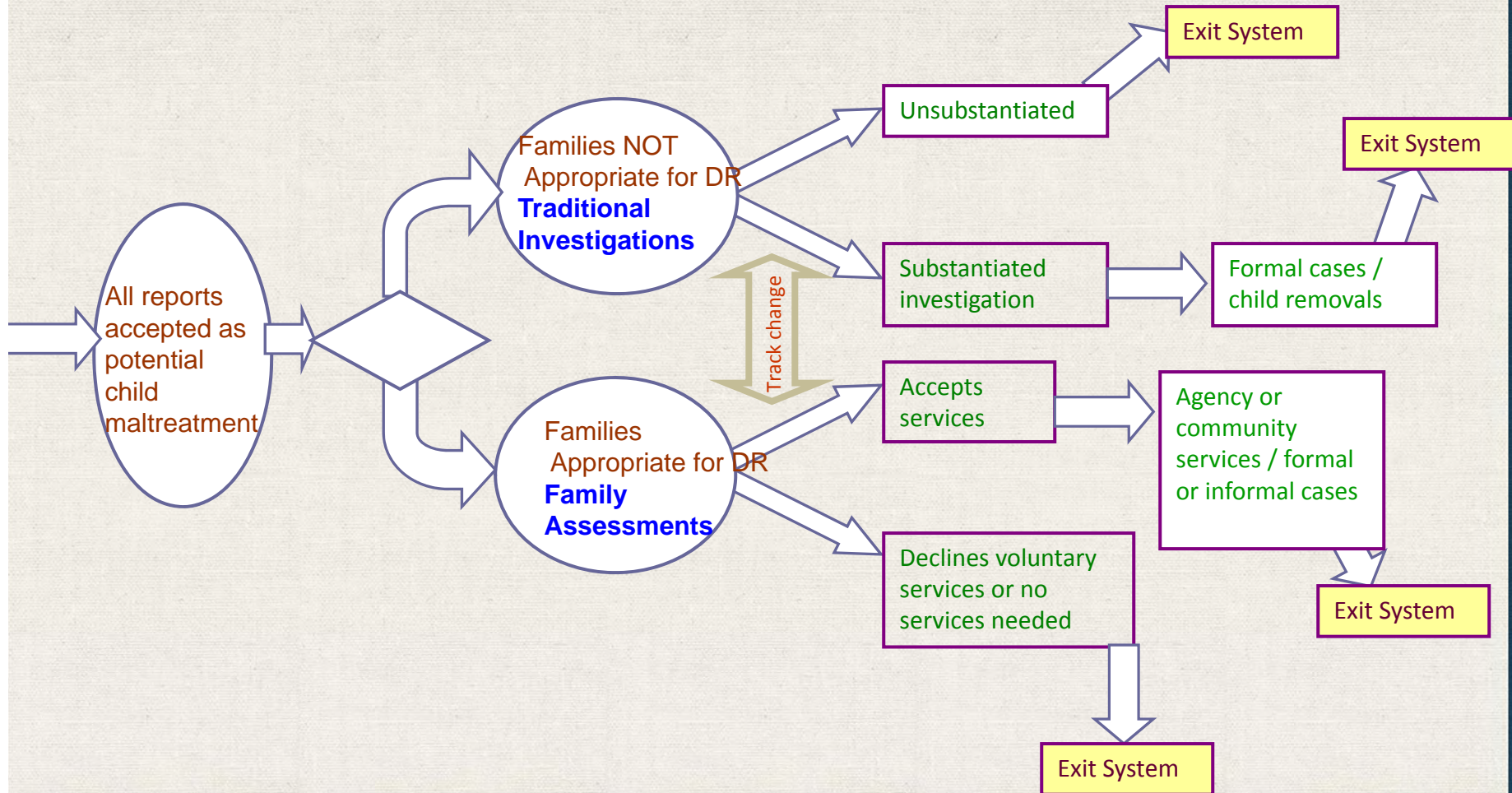


### Assessment used for:

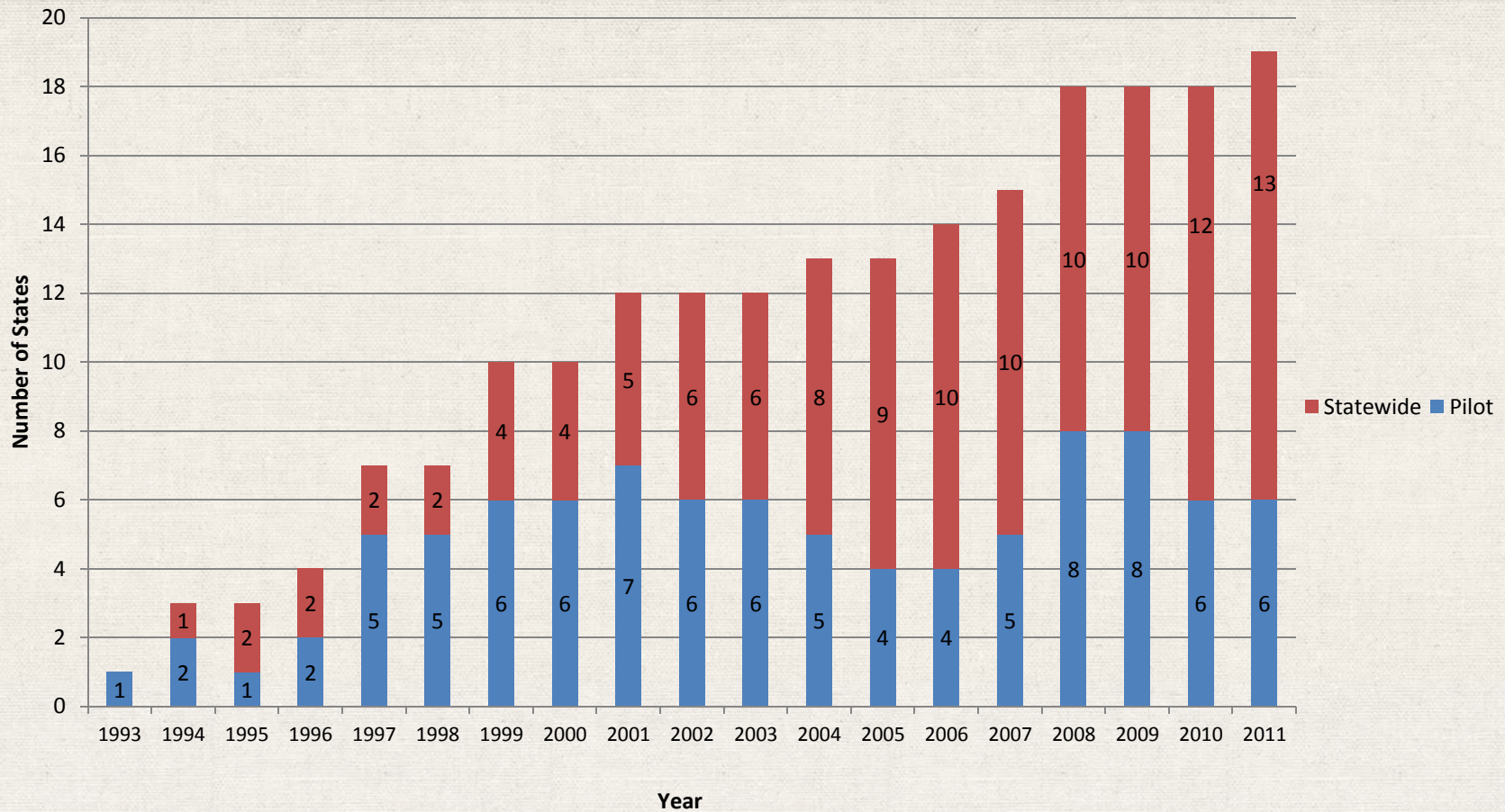
- neglect cases
- alcohol abuse by parents/caregivers
- cases not needing law enforcement and court intervention

# Differential Response System: Two Pathways

Courtesy of Institute of Applied Research ([www.iarstl.org](http://www.iarstl.org))



# Growth of Differential Response 1993 - 2011





# Funding

## Differential Response Systems



### Federal funding sources

- CAPTA: Title I and Title II
- Promoting Safe and Stable Families - Title IV-B, Subparts 1 & 2
- Social Services Block Grant
- IV-E Waivers
- Children's Justice Act
- Temporary Assistance to Needy Families (TANF)

### State/Municipal Sources

- Tax Levy (42 of Ohio's 88 counties have dedicated levies to support children's services)
- Dedicated General Revenue (appropriated by State Legislature)
- Property Taxes (Olmsted County, MN)

### Foundations

- Casey Family Programs
- Annie E Casey Foundation
- State-specific foundations (McKnight Foundation - MN)

# DR Implementation Variability

- Statewide
- Multiple sites within State
- Jurisdiction  
Planning/Considering DR
- Tribal Planning and  
Implementation
- No longer in existence
- *Other* innovative practices



# Snapshot of Differential Response Systems



# Evaluation Results from Field Experiments

## Child Safety not Diminished

- ▣ Safety of children did not decline while families received new approach.
- ▣ Children were made safer sooner

## Family Engagement under AR

- ▣ Cooperation of families improved
- ▣ Families were more satisfied and felt more involved in decision making

## CPS Staff Reacted Positively

- ▣ Workers overall reacted positively and believed approach to be more effective.

## Services to Families and Children Increased and Changed

- ▣ Needed services were delivered more quickly.
- ▣ Services delivering basic necessities (food, clothing, shelter, and medical care) increased.
- ▣ Greater utilization of community resources

## New CA/N Reports and Later Placements of Children Reduced

- ▣ Recurrence of CA/N reports decreased for families where new approach was provided.

## Short-Term Costs Greater, Long-Term Costs Reduced

- ▣ While initial cost of AR in services provided and worker time was greater than in traditional CPS interventions, it was less costly and more cost effective in longer term.

## Service Types and Needs (Families assigned to AR Pathway)

- Concrete Services (clothing, food, utility payment, housing, job training, transportation)
- Parenting Classes
- Domestic Violence services
- Mental Health services
- Substance Abuse Treatment
- Counseling (for adults and for children)
- Home-based services
- Population-specific services (e.g., Spanish-speaking clients, men, fathers, children with disabilities, etc.)

# CAPTA on Differential Response



- 2010 Reauthorization = Major changes included federal requirements of state and local DR systems
- Differential response requisites are relevant to:
  - state assurances of procedures that differentiate severity for appropriate referral,
  - use of basic state grant funding to improve child protective services,
  - requirements to identify policies and procedures around the use of differential response, and
  - provision of annual State data on number of families that received differential response

# Calling ALL Stakeholders



# Prerequisites for Success

- Leverage flexible \$\$ wherever/whenever possible
- Solid working relationships at multiple levels between/among state & local agencies
- Formal meaningful partnerships with AOD, MH, DV housing, and economic security (TANF) providers
- Cooperative relationship between the family, agency and community—foundation for the effective delivery of services





# Recurring Themes

- State-County **collaboration**
- **Partnership** at all levels:
  - with families
  - within agencies
  - with community stakeholders
  - between counties
  - between counties and the state
- **Leadership** is critical
- Change as a **developmental** and **incremental** process



# Lessons Learned

- ▶ There is intrinsic value of family voice – as partners, guiding service planning and decision making
- ▶ Changing thoughts and beliefs about families alters the agency's internal dialogue
- ▶ Community partnerships are most effective ways to protect children
- ▶ There is need to involve families and community stakeholders early in process
- ▶ Evaluation matters – bring evaluators in early and make the investment to do it well



# Contact Information



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# Background: About Ohio

- Population of Ohio – 11.5 million
- Over 100,000 reports of child maltreatment screened in annually.
- Child welfare system is state supervised, county administered.
- 88 counties with widely varying resources.
- Pilot implementation of Differential Response in 2008-2009 in the midst of:
  - Statewide unemployment rate of 10.2% in 2009 and higher in some counties
  - Significant budget reductions in state and local government
- Currently working toward statewide implementation of Differential Response.

# Terminology



Are we doing  
doing  
**“Alternative  
Response”**  
or  
**“Differential  
Response???”**

# DR in Ohio: Where Our Journey Began

- Two reports were critical of inconsistencies in Ohio's application of statutory definitions for child abuse, neglect and dependency:

- ABA Report
- CFSR



- Supreme Court of Ohio Subcommittee on Responding to Child, Abuse, Neglect & Dependency formed in 2004

# Champions Across Systems

Differential Response developed out of the work of the Subcommittee, involving strong partnership across systems:

- Supreme Court of Ohio
- Ohio Department of Job and Family Services
- Public Children Services Association of Ohio
- Meaningful Involvement of Diverse Stakeholders:
  - Legal System & Advocates: Judicial Officers, Prosecutors, GALs/CASAs, Defense Counsel
  - Education
  - Mental Health
  - Advocates for Parents and for Resource Families
  - Youth
  - Law Enforcement



# We've Come A Long Way

**2004** – *Where We Started* – Formation of the Subcommittee on Responding to Child Abuse, Neglect and Dependency

**2005** – *Laying the Groundwork* – Subcommittee exploration of DR models and outcomes in other states

**2006** – *Legislative Foundation* – Statutory authorization to pilot and evaluate an AR pathway

**2007** – *Putting the Pieces in Place* – Project team formed, evaluation plan developed, and selection of 10 pilot sites underway

**2008** – *Ready, Set, Go!* – Pilot policy, protocol, and tools established by county-driven Design Workgroup in preparation for launch of pilot.

**2009** – *From Planning to Practice* – Pilot implementation and research – quality evaluation underway.

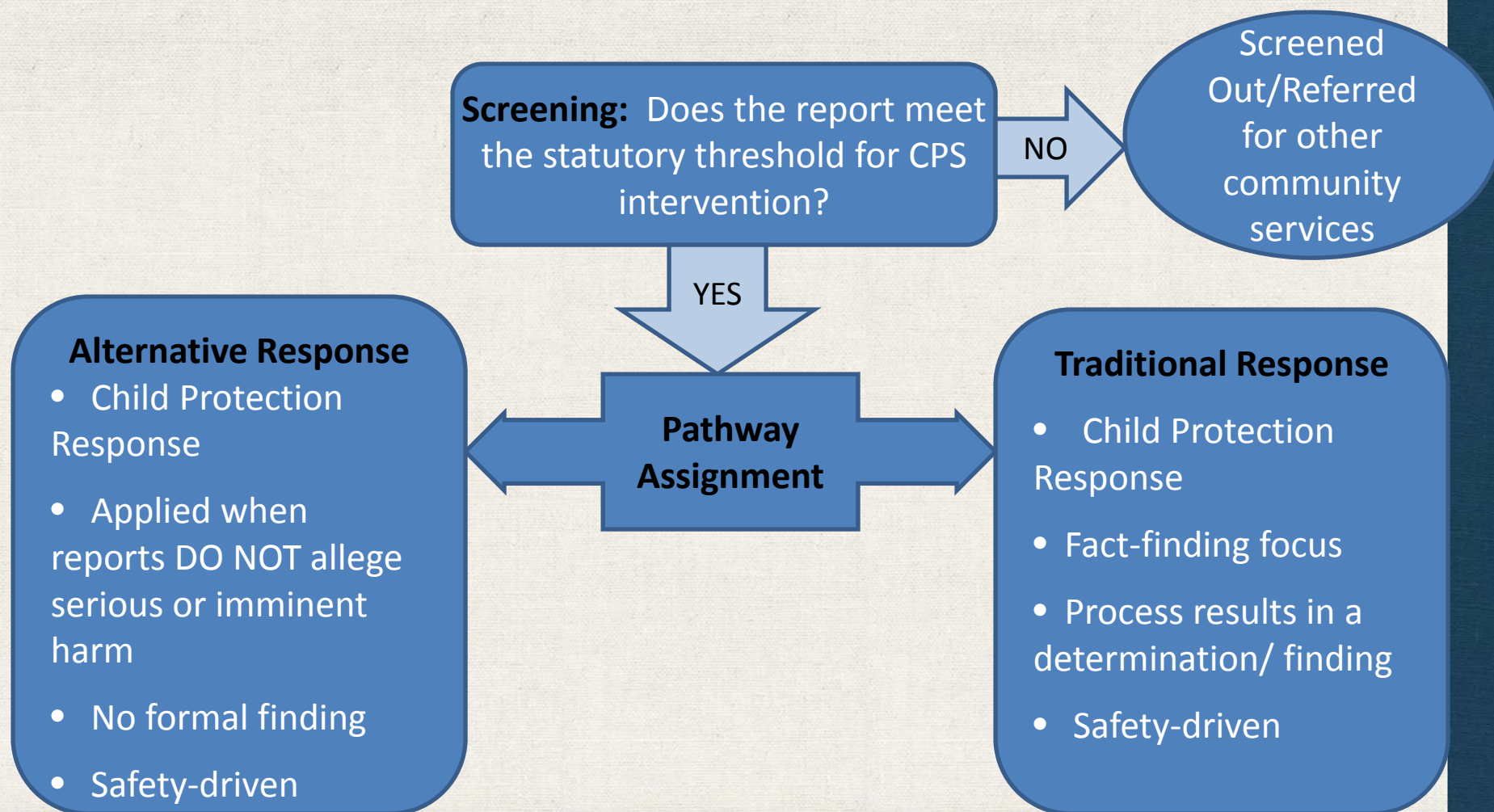
**2010** – *Sharing Our Results* – Final Report and Evaluation Results

**2011** – *Legislative Authorization, Building Capacity and Scaling up* – Establishing state infrastructure; implementation underway in 33 counties.

**2012** – *Continued Growth of the Practice* – DR expansion underway in 48 counties.



# Ohio's Differential Response System



# Comparison of Pathways

## Alternative Response (AR)

- Applied when report DOES NOT allege serious or imminent harm
- No formal finding/substantiation of the allegation
- Facilitates safety-focused partnership with families
- Safety, Risk and Comprehensive Family Assessment completed
- Emphasis on "front-loading" needed services by providing services earlier and without requirement of a finding

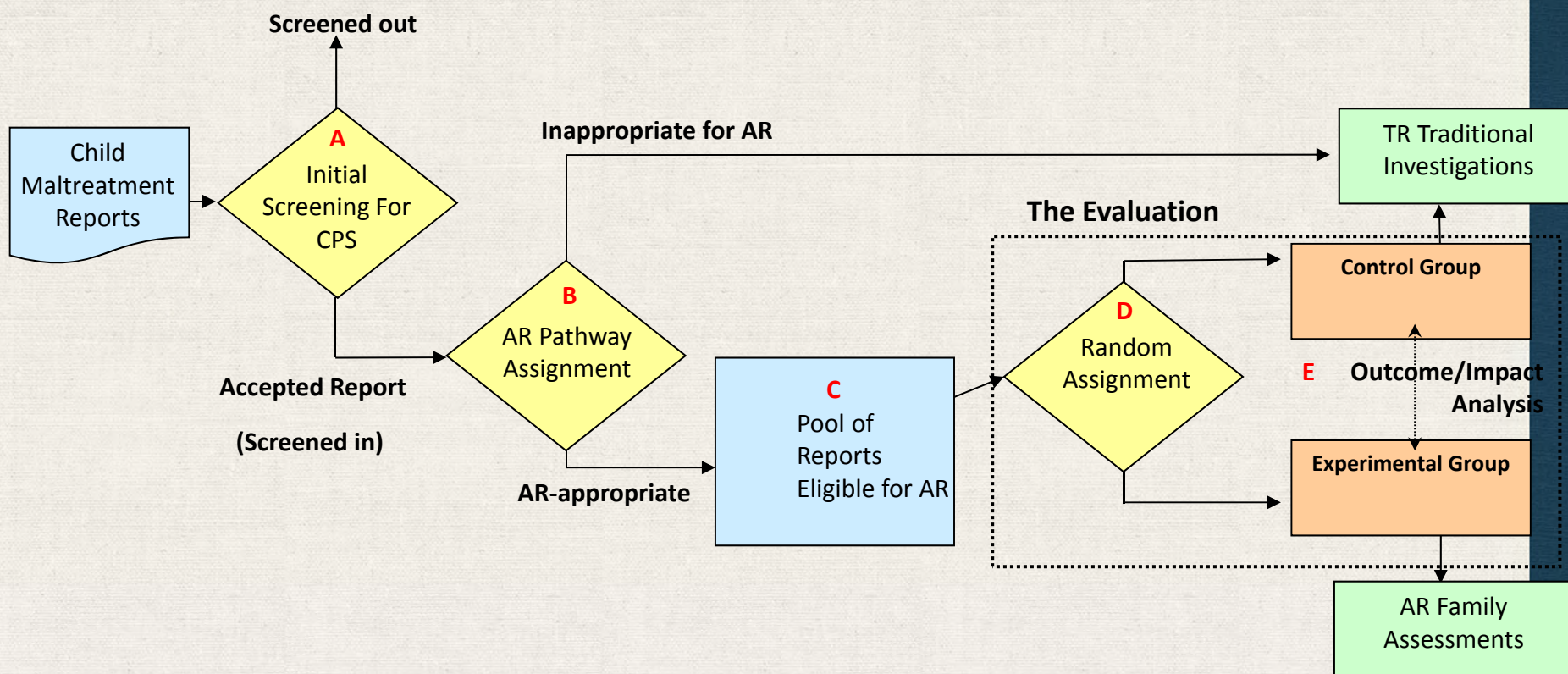
## Traditional Response (TR)

- Required for reports of sexual abuse or abuse resulting in serious injury or serious and immediate risk
- Process results in a determination/finding regarding the allegation
- May involve intervention of the court
- Safety, Risk and Comprehensive Family Assessment completed
- Case Plan developed following completion of the Family Assessment for families with ongoing services needs

Pathway assignment may change from Alternative Response to Traditional Response if needed in order to assure safety.

# Ohio's Pilot Research

Rigorous experimental research design conducted during the initial 18 month pilot.



Institute of Applied Research, 2010

# Key Ohio Pilot Findings

- Children were as safe under AR as they were with traditional investigations.
- There were fewer re-referrals among families served through Alternative Response.
- Child removals were lower among AR families than control group families.
- Greater satisfaction with services provided reported by both families and workers.
- Greater involvement in decision making and increased cooperation between workers and families, reported by both workers and families.
- Increased family engagement in services.
- Increased contacts on behalf of families and time spent with families.
- Almost 40 percent of workers reported that AR has made it more likely that they will stay in the field of child welfare.

Institute of Applied Research, 2010

# Recommendations and Lessons Learned

- Implement Differential Response statewide through a developmental and incremental process.
- Systems need to be aligned with practice in order to effectively support the desired practice shift: parallel process is critical.
- Build capacity of pilot sites to mentor new counties through expansion.
- Provide training and coaching opportunities designed for supervisors.
- Focus on the entire system – not just the new pathway!

# Differential Response: Ohio's Future

## Goals:

- Achieve implementation in all 88 counties with fidelity and continued positive outcomes
- Continue to strengthen system partnerships
- Support continuous improvement and enhancement of practice



# System Supports

- **Leadership Council** - Serves as an ongoing leadership forum for guidance and support, as well as, monitoring, problem solving, and mentoring for Differential Response.
- **Statewide Implementation Team** – Task Team of LC; uses principles and frameworks of implementation science to assess implementation and inform the Leadership Council of recommendations.
- **Local Implementation Teams** – Develop and continually re-assess local implementation & practice; provide feedback to Implementation Team & Leadership Council; conduct community outreach and partnership development.



# Expansion Overview

- Leadership Council work plan outlined to guide statewide implementation.
- Phased approach to implementation will continue.
- Rounds 1-5 selected through competitive application process.
- Schedule for Rounds 6-10 was developed in consultation with the counties.
- Statewide implementation anticipated by June 2014.

# Supports for Initial Implementation



# Developmental Support for Counties



Monthly  
Conference  
Calls



Quarterly  
Meetings for  
Workers &  
Supervisors



Coaching  
and TA



Advanced  
Training

Continuous Improvement of Practice

# What Makes a Difference?

*“We needed to step back and look at how we defined AR. It is not dependent on services or resources; it is about openness to having families drive the process.”*

*-Franklin County Supervisor*

## *What is Working:*

- Embracing opportunities to try new approaches:
  - With families
  - With supervision
  - With case flow and work management
  - With decision making
- Emphasis on parallel processes at all levels



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# Child Protection & Child Welfare in Minnesota

- Minnesota screens out approximately 2/3 of all child maltreatment referrals
- Many families who are screened out have significant exposure to child maltreatment risk factors
- Minnesota has a rich array of community based services but many at-risk families lack the capacity to independently engage services
- These families could benefit from outreach and service engagement

# Parent Support Outreach Program (PSOP)

## Description

- PSOP is a voluntary child welfare program offering family support services to at-risk families screened out from a CP response
- Intended to a 3<sup>rd</sup> track that complements Minnesota's Family Assessment and Family Investigative DR tracks
- Families served by county child welfare agencies or through contracts with community based social service providers

# Eligibility Criteria

- Families not currently active with child protection or child welfare services
- Families with at least one child age ten or under who are identified as follows:
  - Reports screened out of CPS
  - Self referrals of child welfare concerns
  - Community referrals of child welfare concerns



# PSOP Initial Pilot

- 38 Minnesota counties participated in pilot.
- 5000 families to be served over the life of the pilot
- Pilot time frame 4/1/05 thru 12/31/08
- Pilot counties receive \$1000 per family service grants
- Funded in part by a McKnight Foundation grant

# Program Purpose

- Test the impact of early intervention services on outcomes for at-risk families
- Develop systems of engagement and service system infrastructure for families not traditionally served by the child welfare system
- Connect at-risk families with enduring supports within their communities

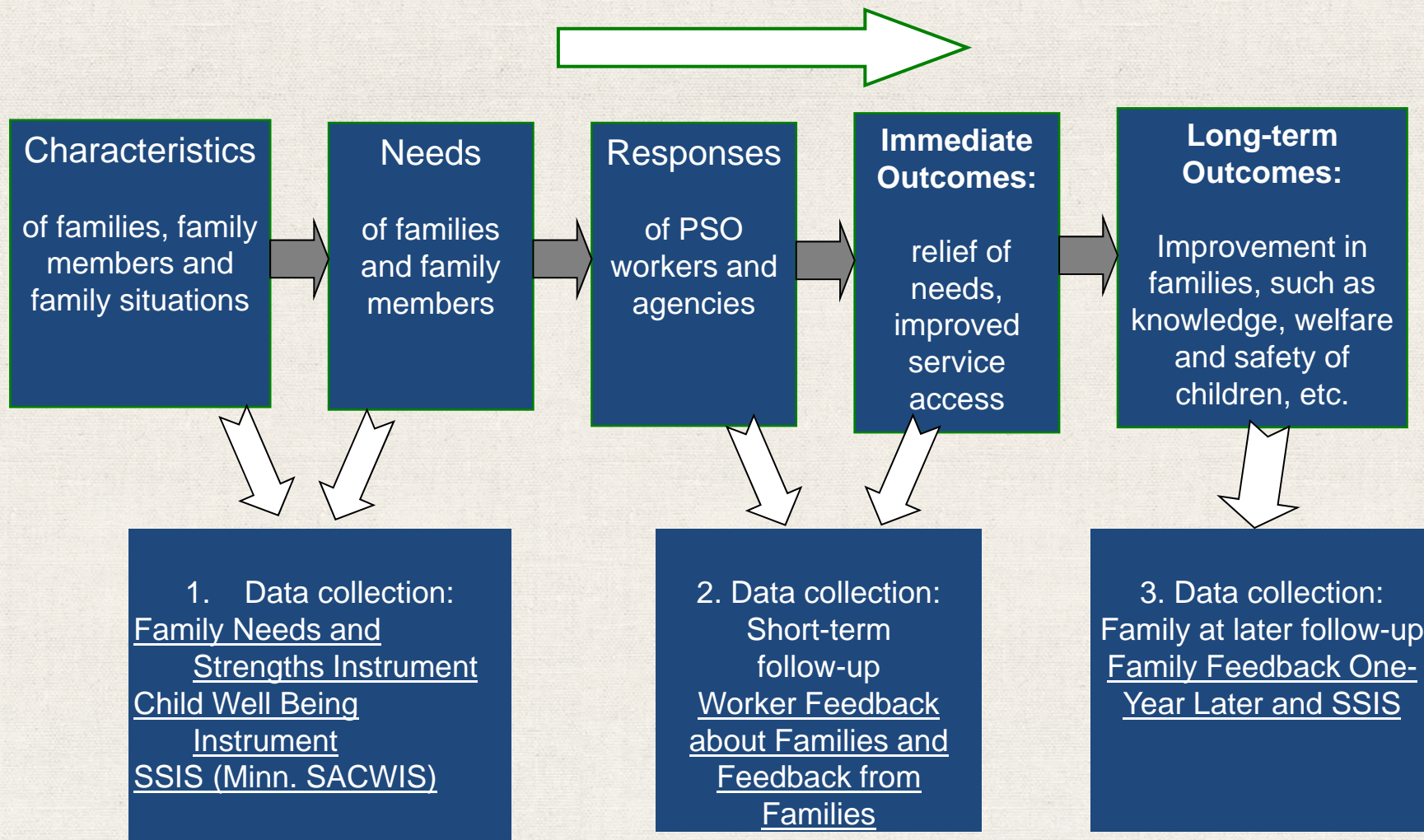
# Service Categories

- Case management services
- Basic needs (food, clothing, shelter etc.)
- Parenting education
- Family and crisis counseling
- Mental health counseling
- Child development services
- Child care
- Treatment screening and referral
- Other services as identified by family

# Service Delivery

- Eligible families offered participation in the program by the county
- Families accepting services complete a strength and needs assessment & child well-being assessment
- Family and county or contracted community social worker develop a service plan
- Provide planned services
- Check in with families 6 months after service closing

# PSOP Research Design Logic Model



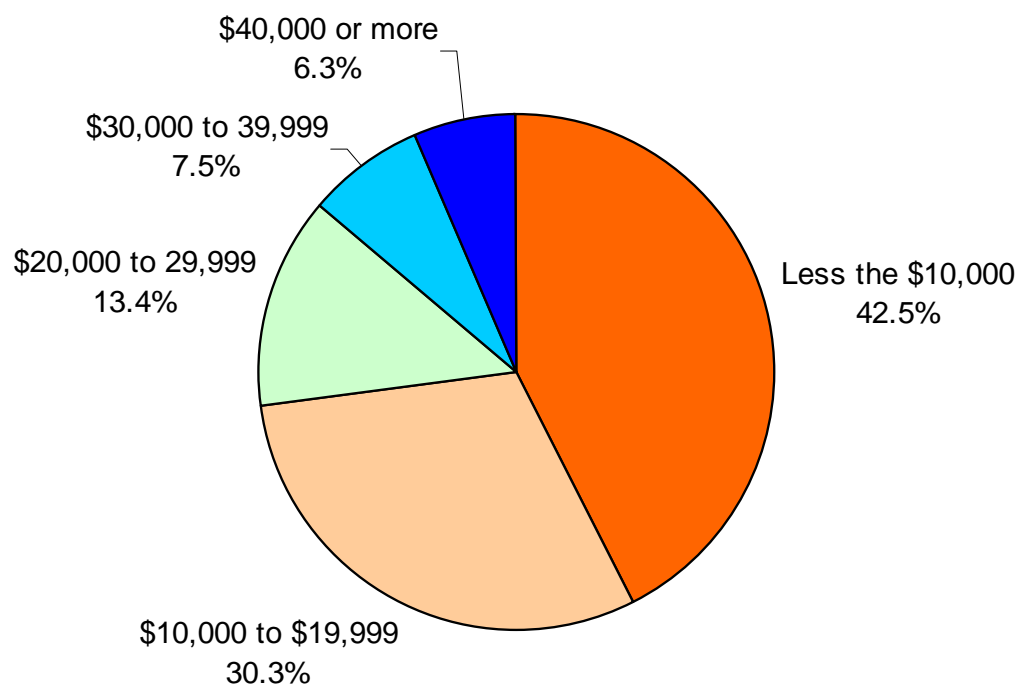
# Program Utilization and Data Sources

- As of December 31, 2008
  - 9,032 families had been offered PSOP services.
  - 4611 (51.1%) had accepted the offer.

# Some Characteristics of Families

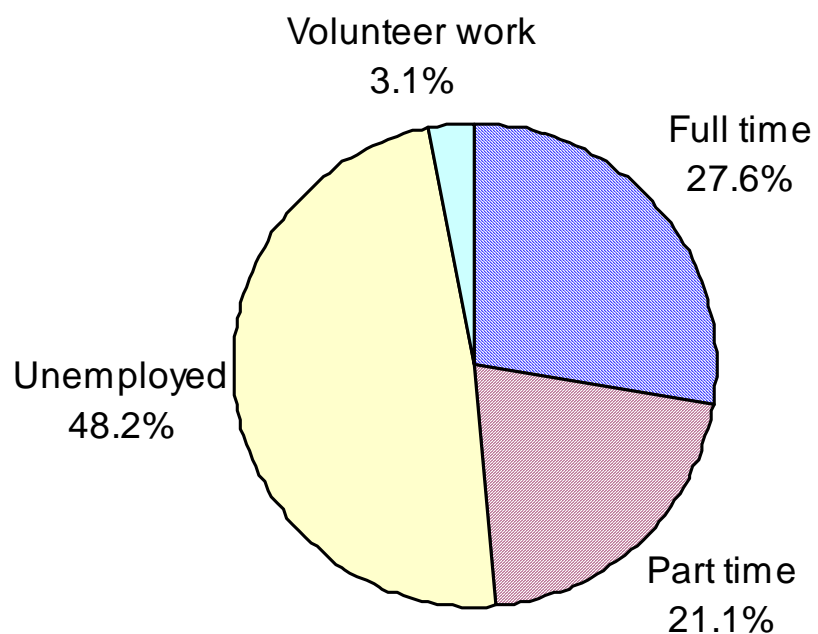
- 55.6% were female-headed families without a husband or boyfriend,
- 46.4% were mother-only families with no other adult present.
- Families averaged 2.3 children each.
- Average Age of Children - 5.7 years
- Percent Age 5 & under - 57%

# Total Household Income of PSOP Families in Last Year (2009 update)



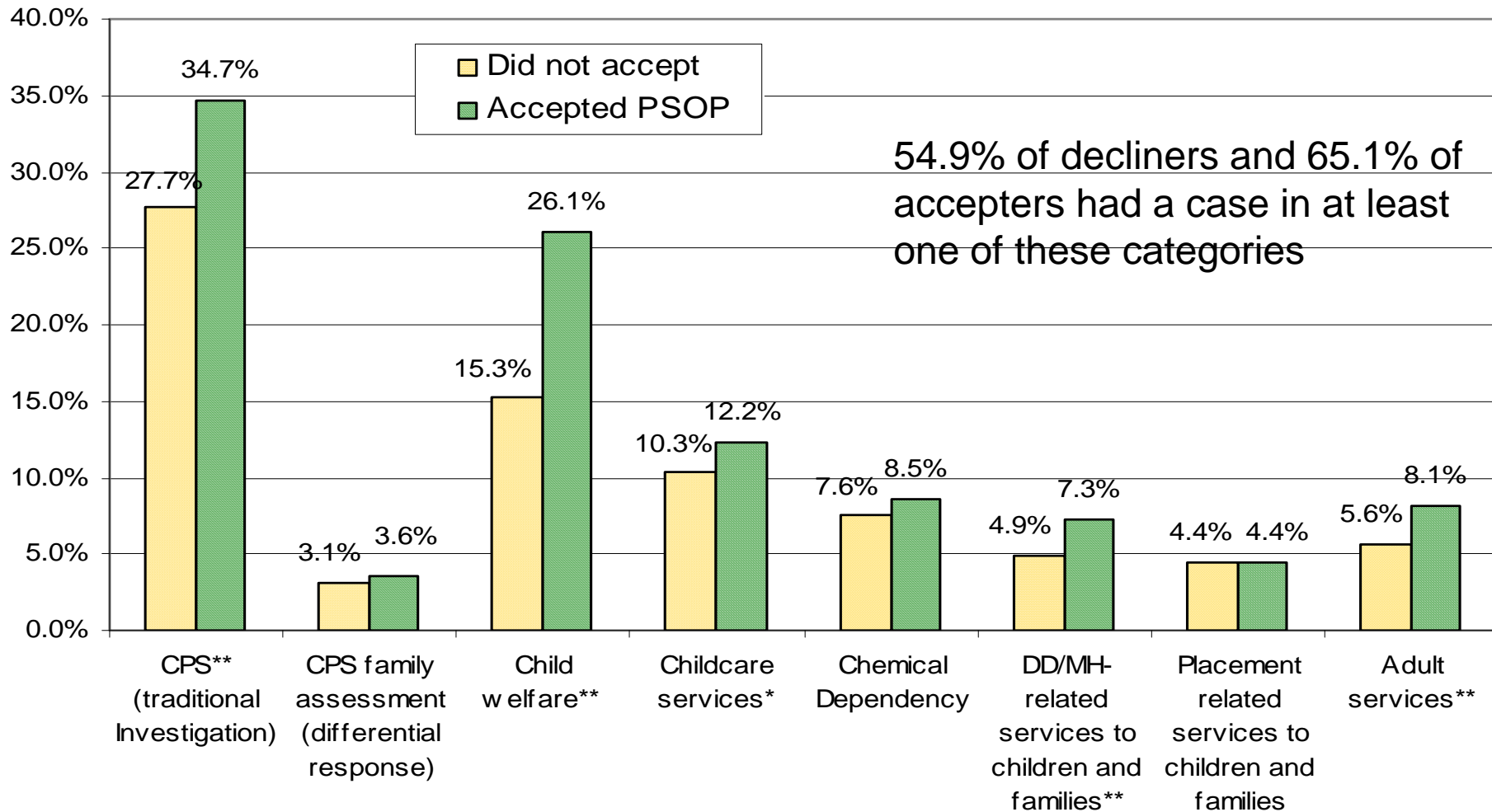


# Current Employment Situation of PSOP Household Head (2009 update)

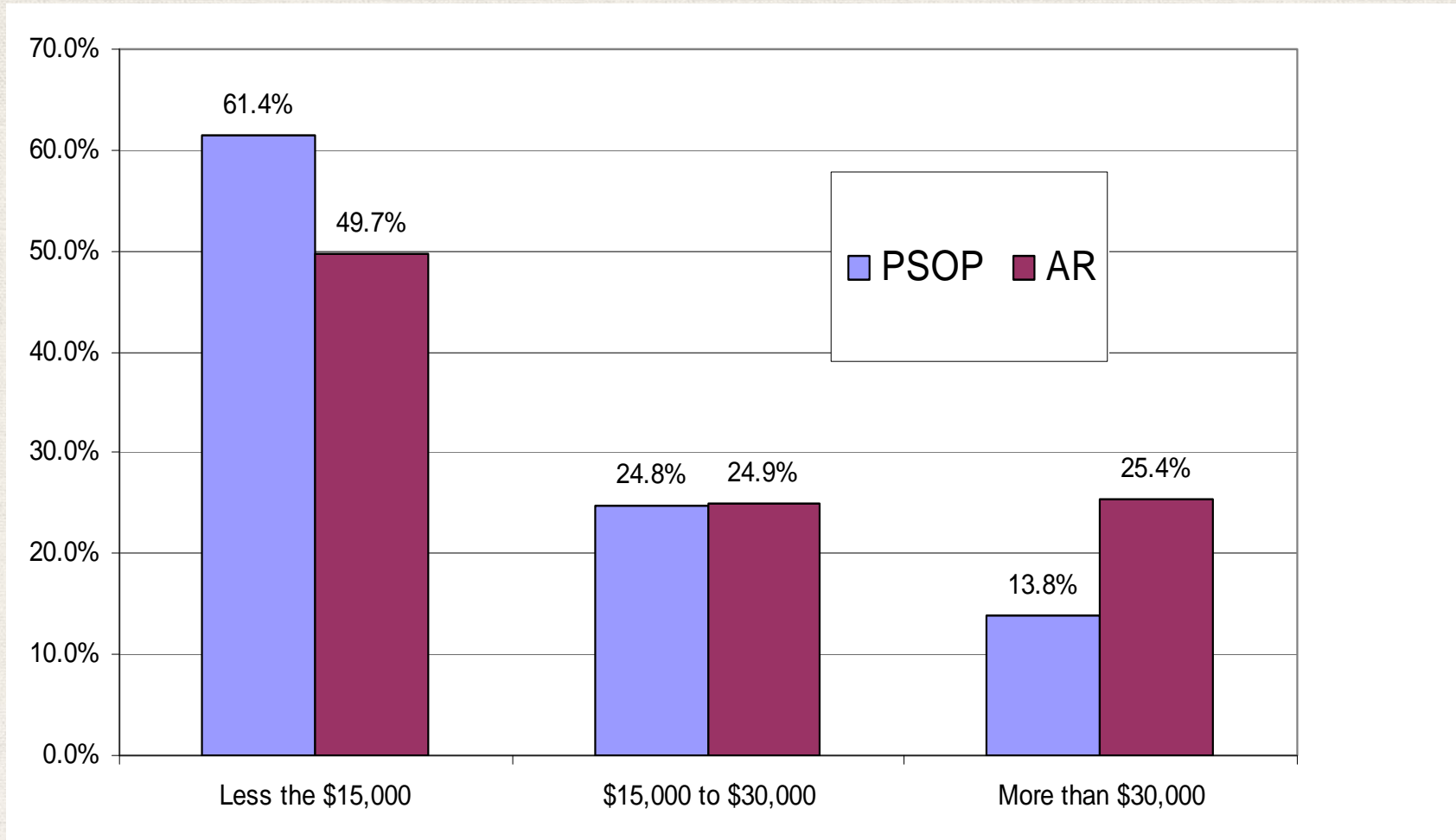


Hours worked per week	Percent
Less than 20 hours	21.4%
20 to 29 hours	20.1%
30 to 39 hours	25.6%
40 hours or more	32.9%

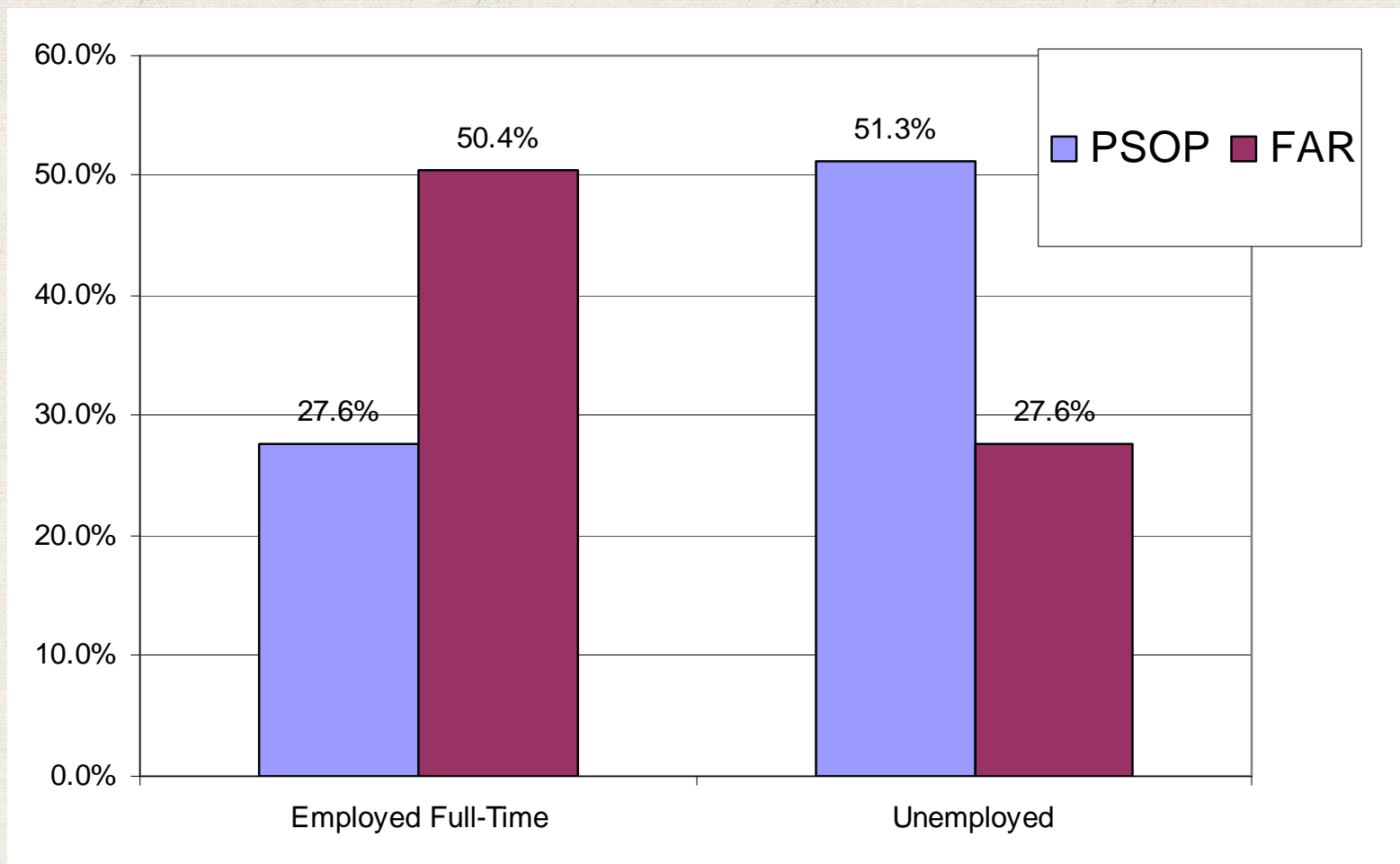
# Prior Contact with Service Systems of PSOP Accepters and Decliners (SSIS, 2009 update)



# PSO families vs. FAR families Annual Income (2009 update)

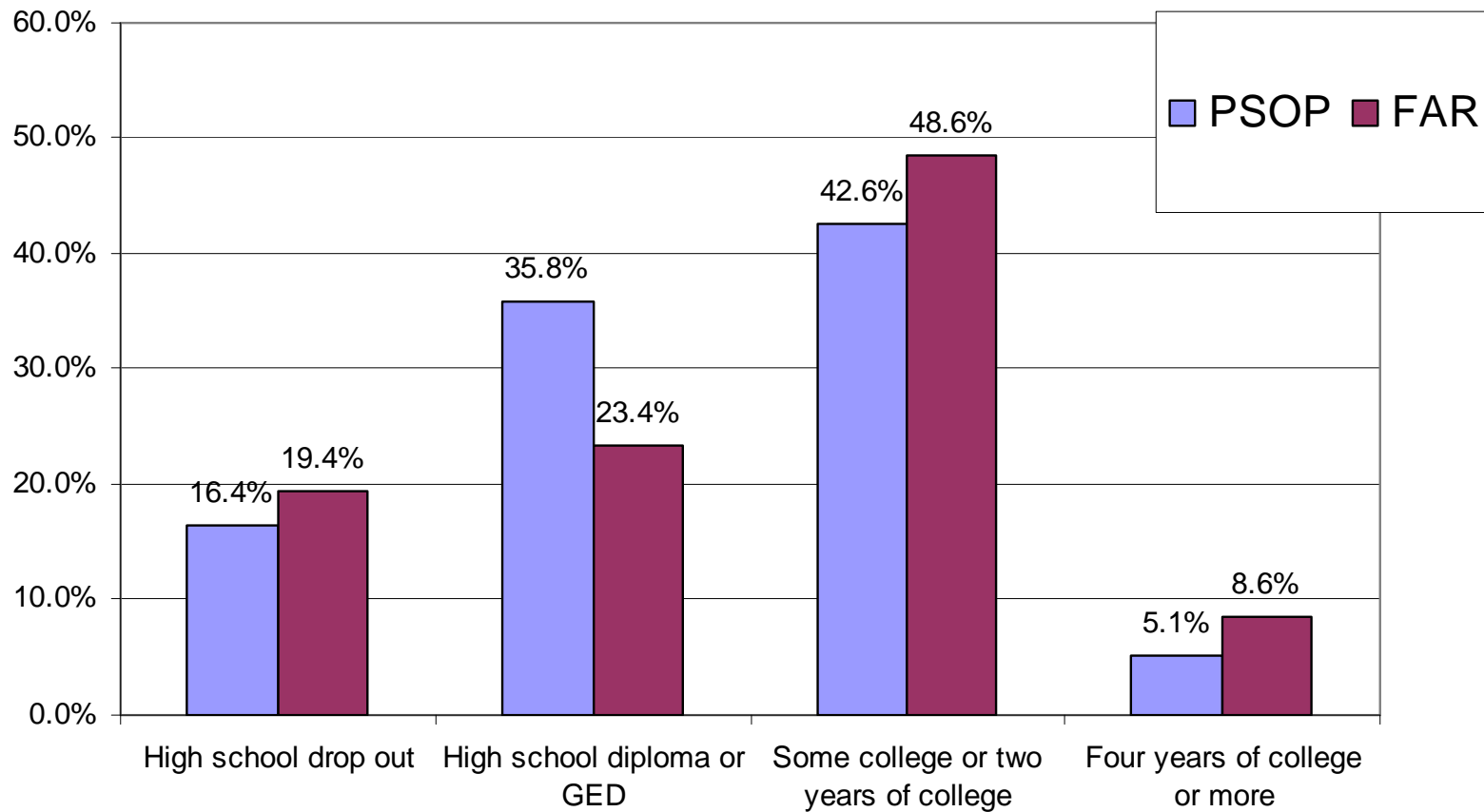


## PSO families vs. FAR families Employment Situation of Household Head (2009 update)

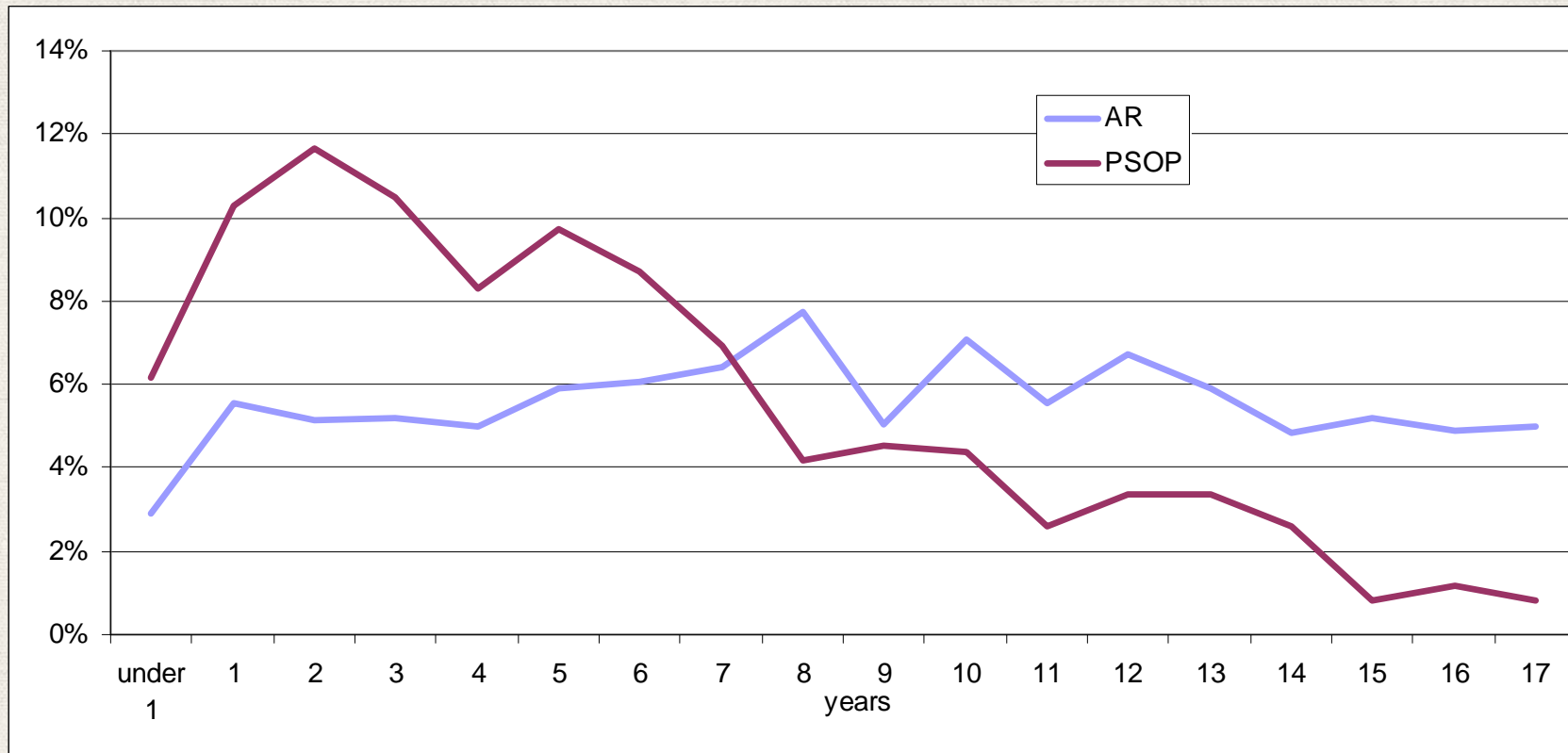


# PSOP families vs. FAR families

## Level of Education (2009 update)

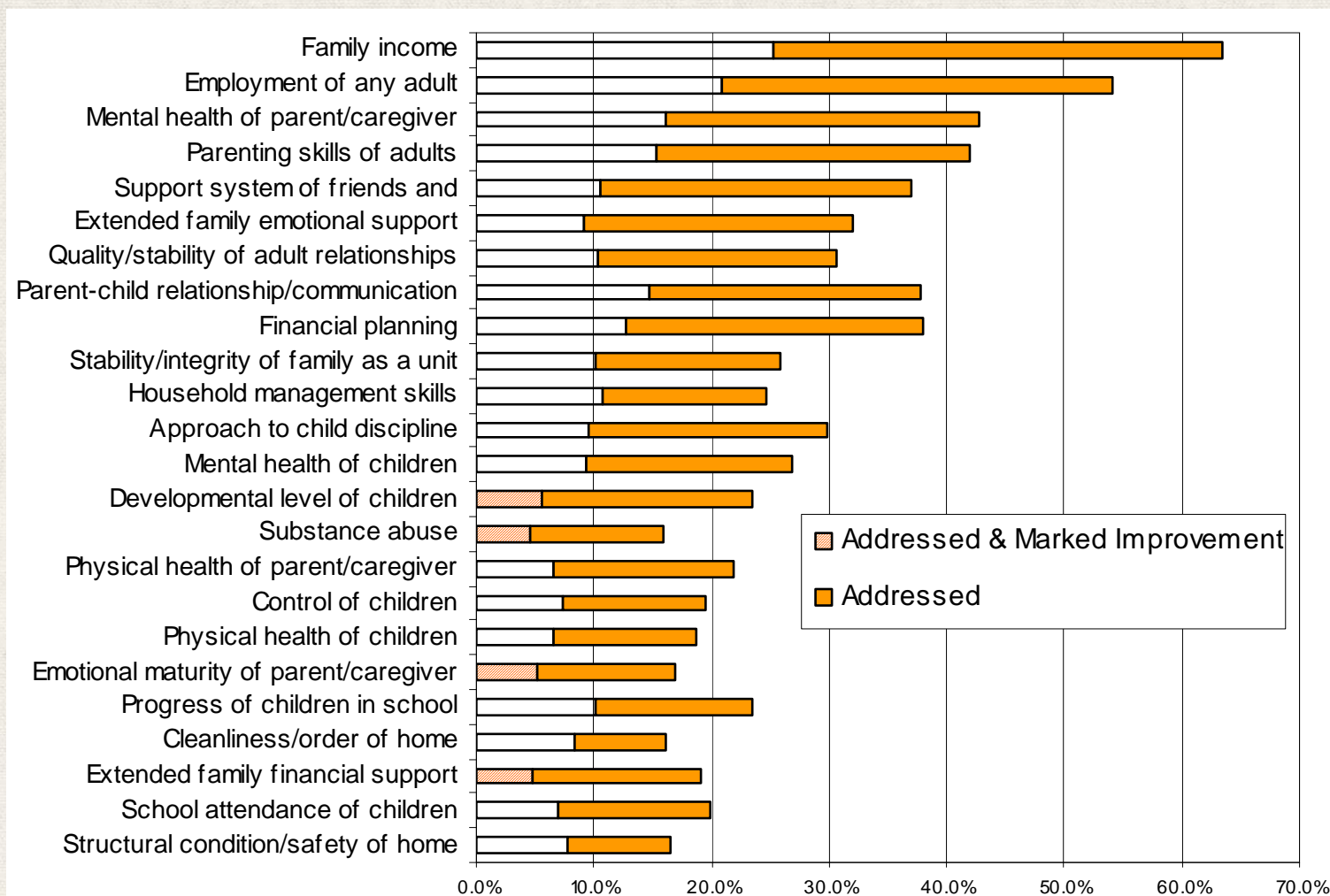


## Age of PSOP and AR Children



Mean number of children under 18: AR=2.2 PSOP=2.3

## Issues Addressed and Those with Marked Improvement while the Case was Open (EFA, n=2,614, 2009 update)



## Overall Improvement from the Perspective of Families and Workers (2009 update)

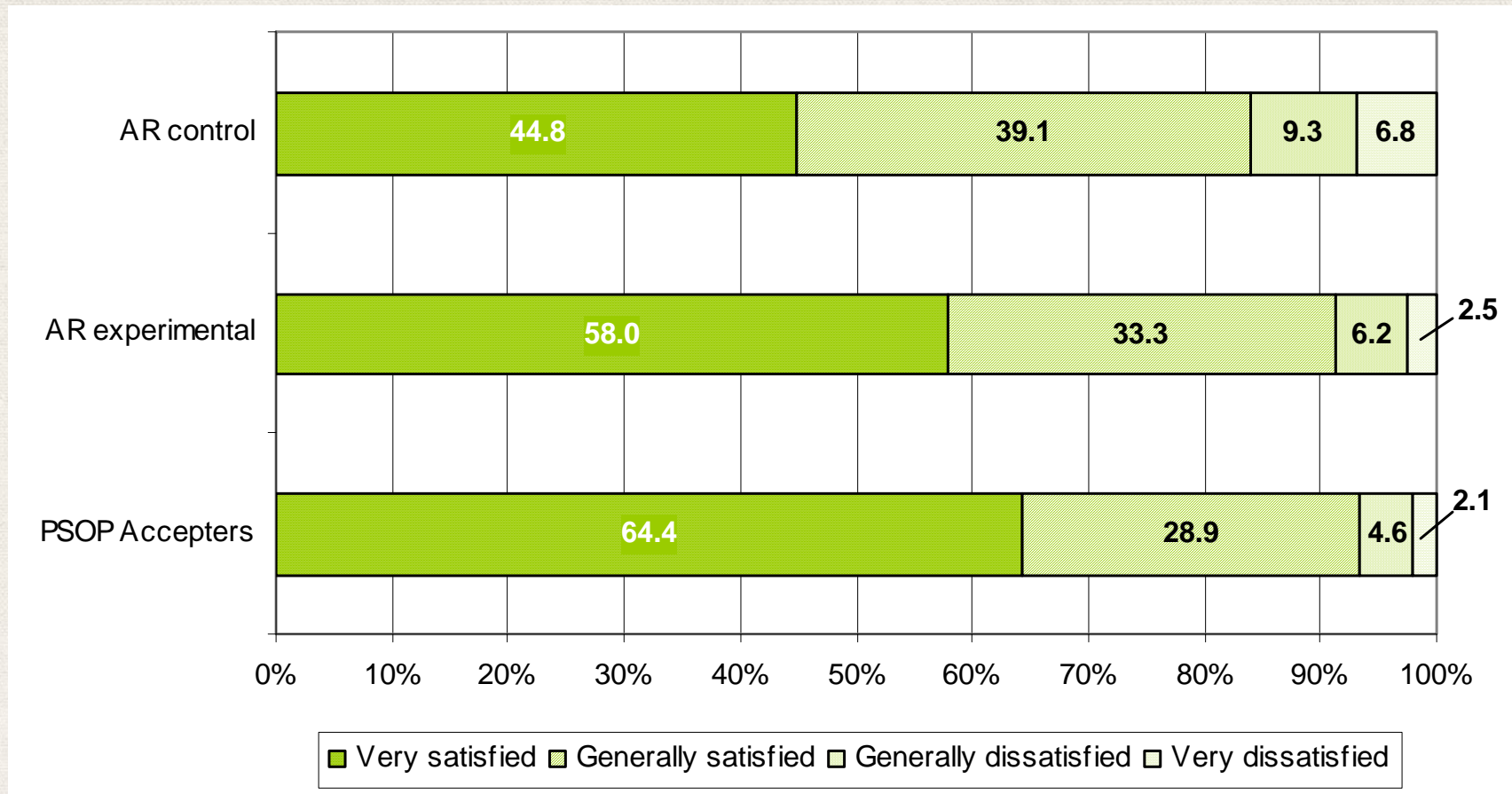
- Workers indicated that at least one issue or problem in the preceding list had improved for 62.1% of families that accepted services.
- From the family survey, 36.9% of family caregivers reported that their families were somewhat better off and 42.5% reported that they were much better off.
- Total positive response of families regarding improvements was 79.4%.



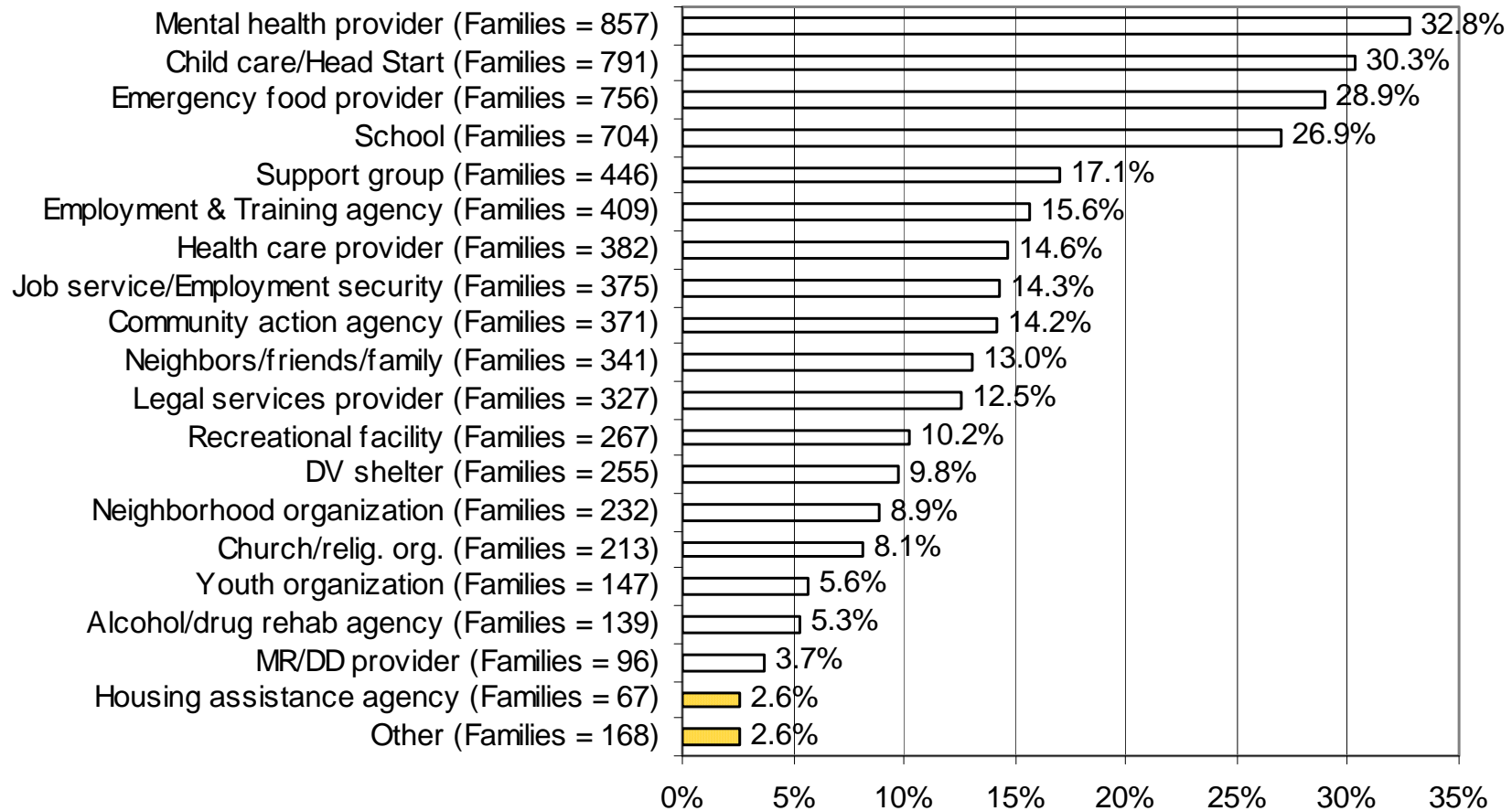
# Frequencies of Four Types of Contacts with PSOP Families: Face-to-Face, Telephone, Email/letter and Collateral (Worker Reports for 2,614 Families) (2009 data)

<i>Type of Contact</i>	<i>Frequency</i>	<i>Percent</i>	<i>Type of Contact</i>	<i>Frequency</i>	<i>Percent</i>
<b>Face to Face</b>			<b>Emails/letters</b>		
None	46	1.8%	None	1099	42.0%
1-3	1167	44.6%	1	601	23.0%
4-5	410	15.7%	2	461	17.6%
6-10	533	20.4%	3 or more	453	17.3%
11 or more	458	17.5%	<b>Collateral</b>		
<b>Telephone</b>			None	821	31.4%
None	309	11.8%	1-3	574	22.0%
1-5	944	36.1%	4-10	762	29.2%
5-10	661	25.3%	11 or more	457	17.5%
11 or more	700	26.8%	<b>Total Families</b>	<b>2614</b>	<b>100.0%</b>

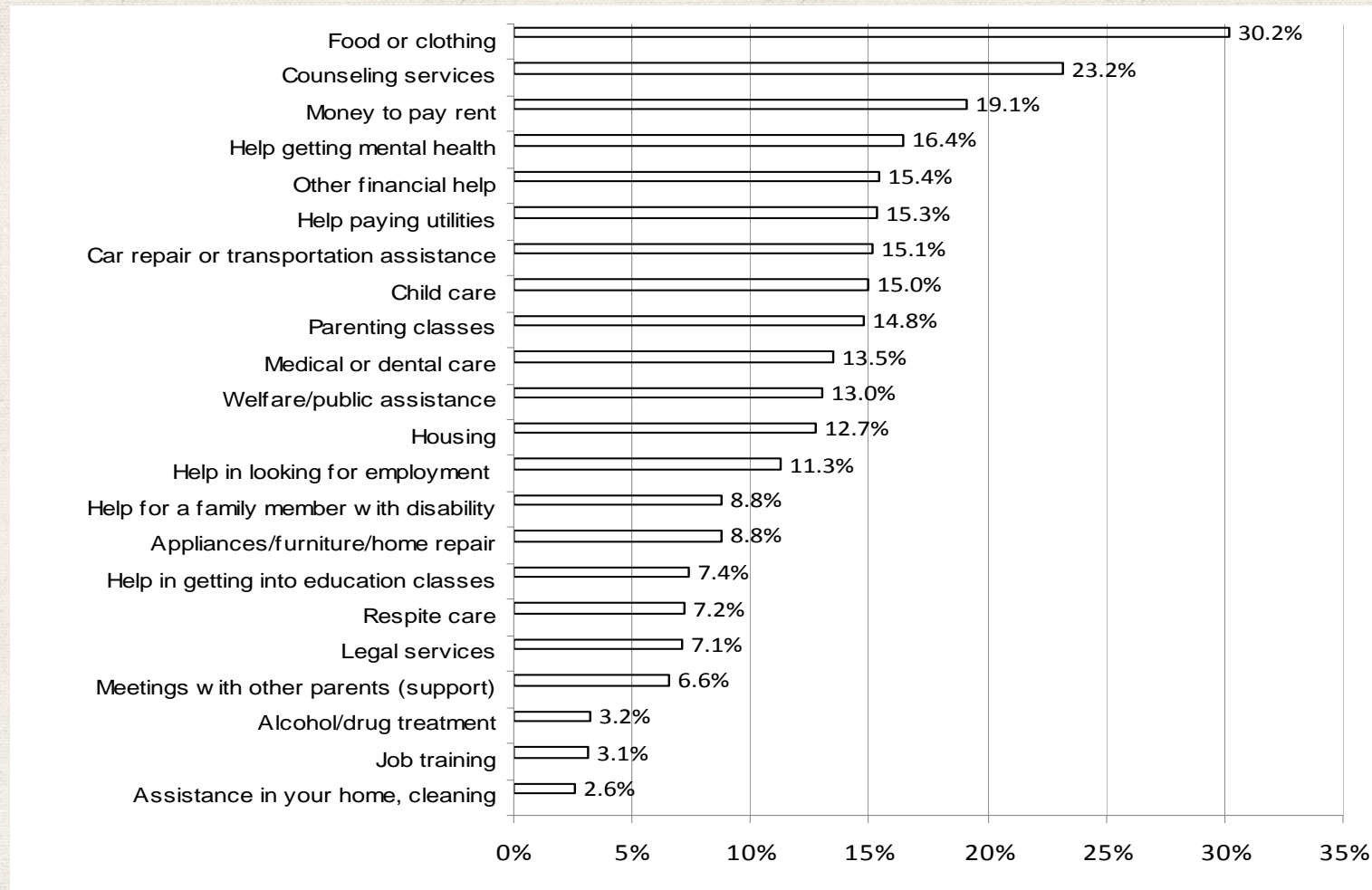
# Comparison of AR and PSOP Family Caregiver Responses to the Question: *How Satisfied are you with the Way You and Your Family were Treated by the PSO (AR) Worker?* (2009 data)



# Types of Agencies to Which PSOP Families were Referred (Worker Reports) (2009 data)



# Caregiver Responses to the Question: *Did the PSO worker(s) help you or another family member get any of the following help or services? (2009 data)*



# Appropriateness of Services from the Worker and Family Perspectives (2009 update)

Workers indicated that services in cases where services were provided were:

Well matched for 48.2% percent of families served.

Adequately matched to service needs for 46.6%.

Total positive response: 94.8% adequately or well matched.

In 5.2% of cases services were poorly or very poorly matched.

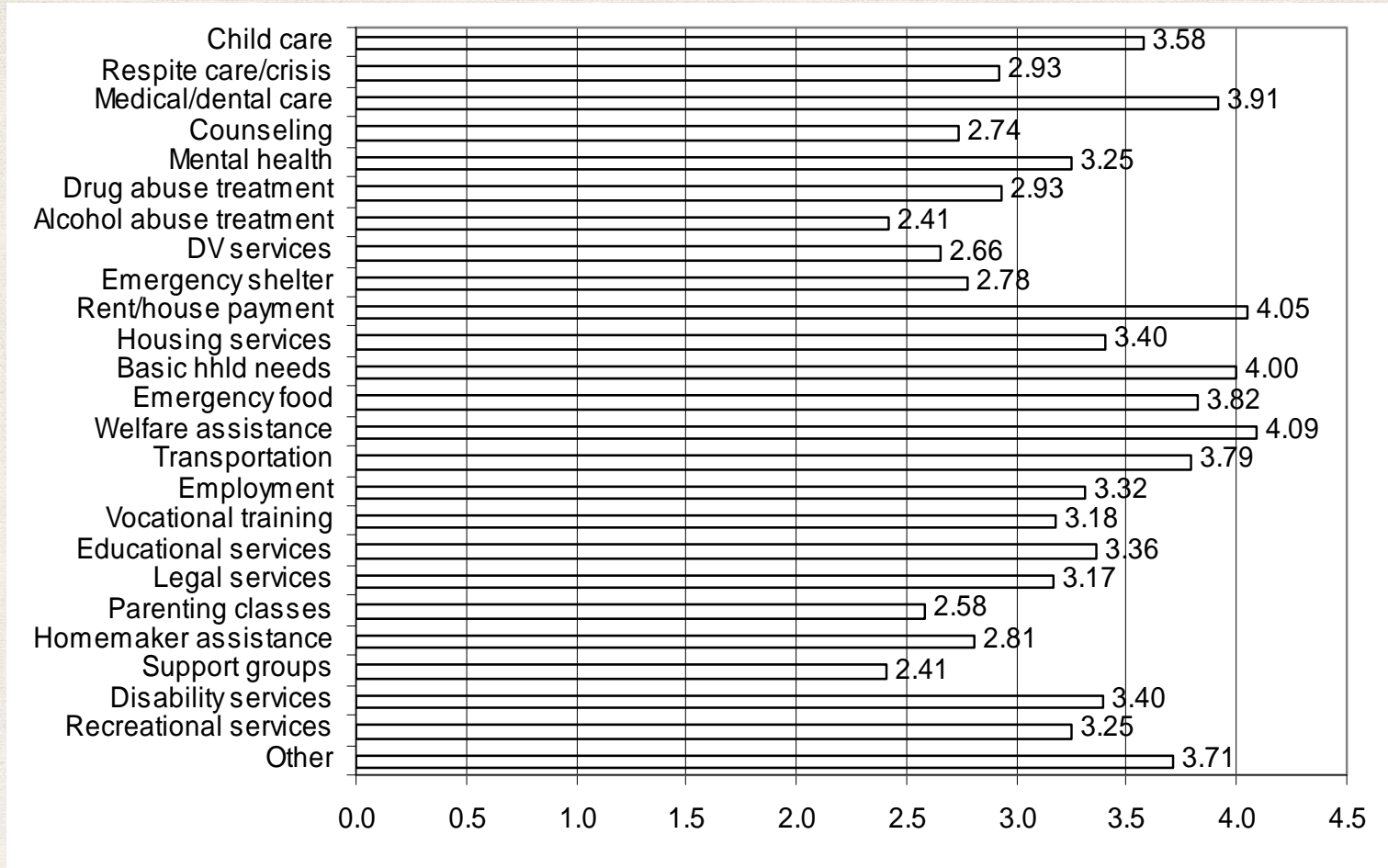
Responding families that received services:

91.7% reported that the help or services received were generally the kind they needed.

9.3% said they generally were not.

# Mean Level of Participation in Services by Families\*

## (Worker Ratings on a Scale: 1 to 5) (2009 update)



# Constellations of Services Provided (2009 update)

## Poverty-related services

- Primarily rent, household needs, rent/house payments, housing, emergency food, transportation, and employment services

## Drug/Alcohol abuse treatment services

- Primarily these but also including support groups and marital/family/group counseling

## Counseling/Domestic Violence/Legal

- Primarily domestic violence services, marital/family/group counseling, support groups and legal services but also mental health services and emergency shelter and disability services

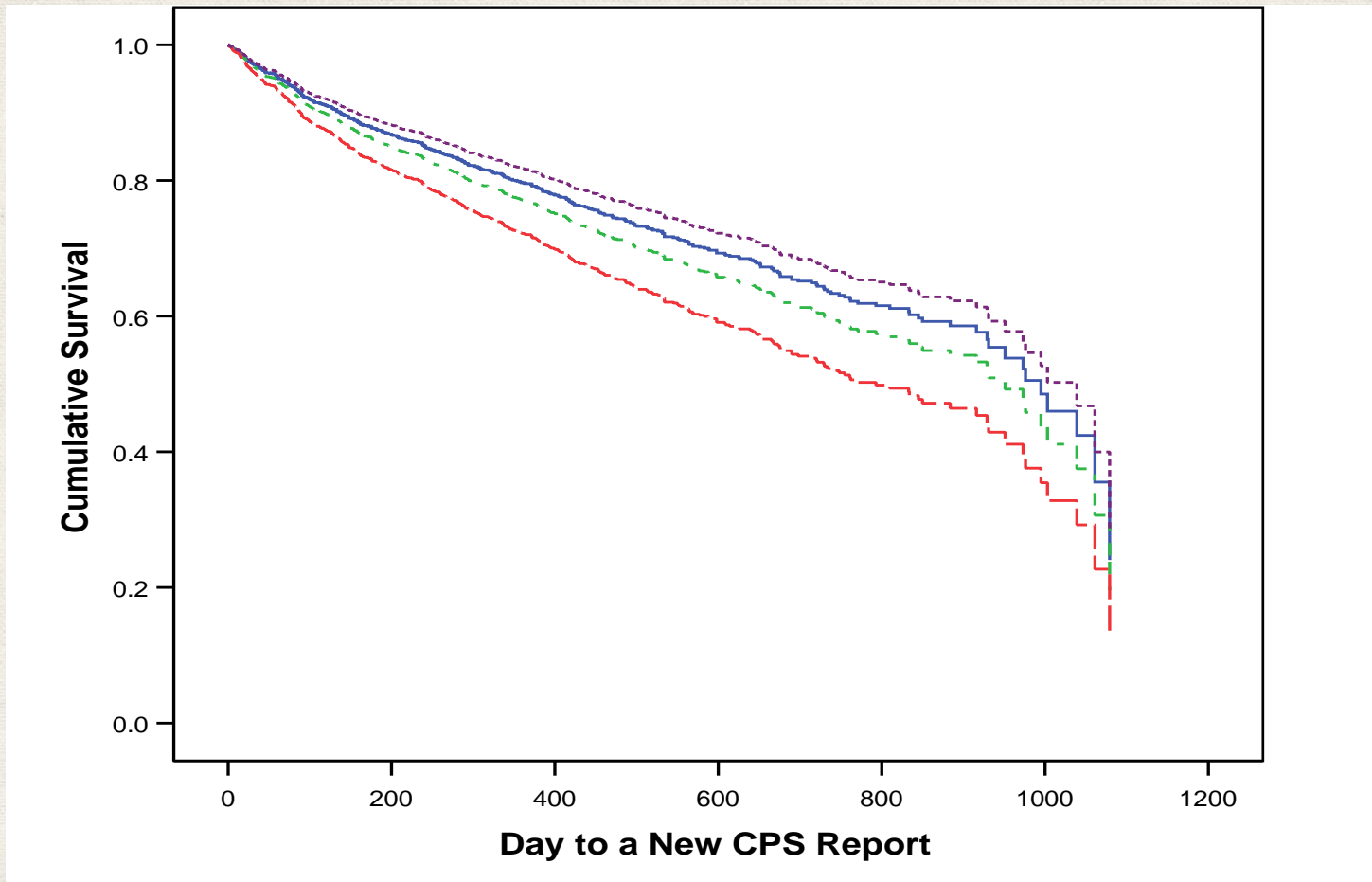
## Educational and E&T /Public Assistance/Medical and Dental

- Primarily medical or dental, public assistance, Educational but also Employment and Training (including vocational and skill training), disability, recreational services, parenting classes and some mental health services

## Child Care

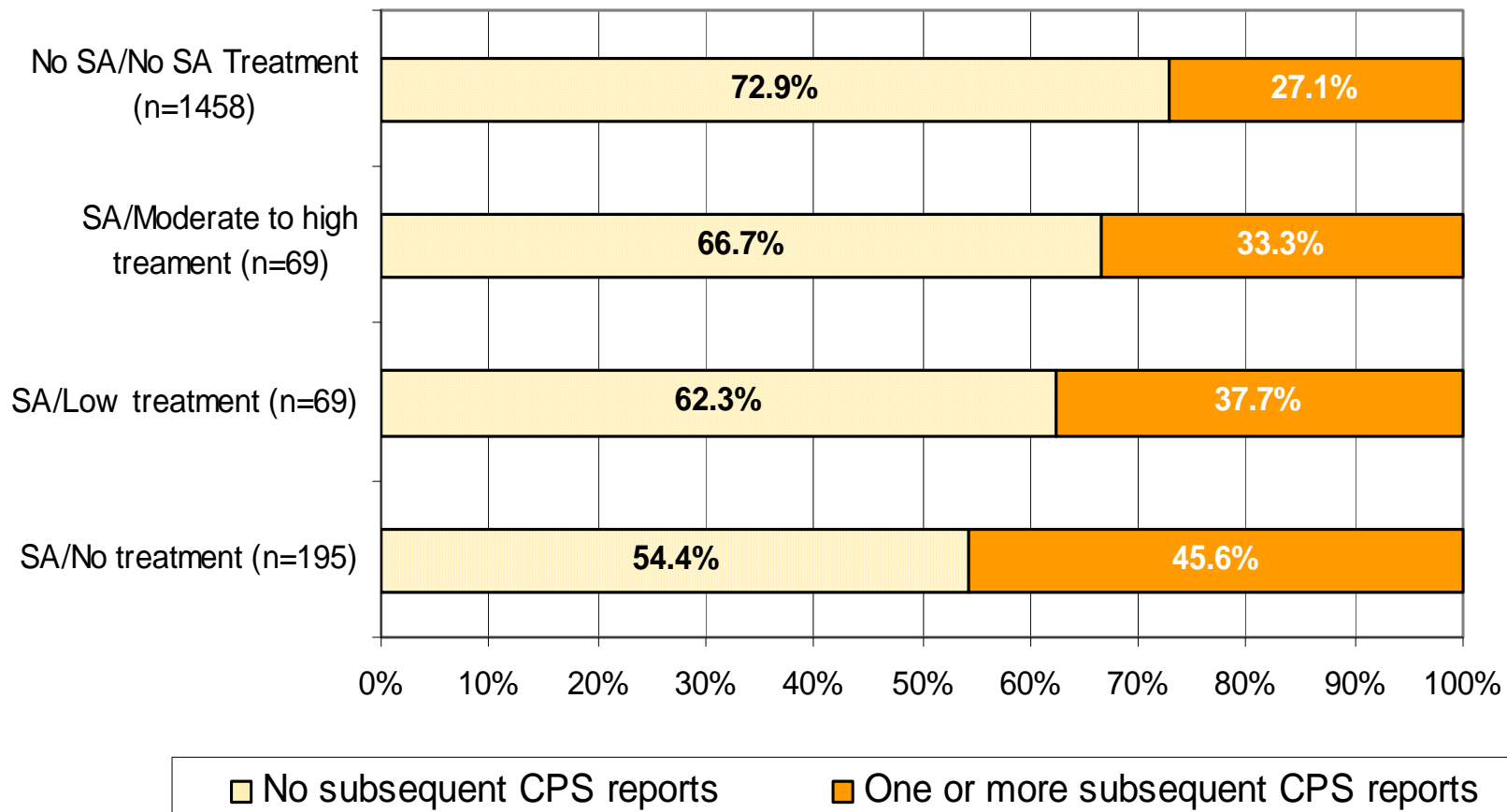
- Includes childcare and respite care services but also parenting classes and homemaker/home management services

# Effects of Poverty-Related Services to Impoverished Families on Subsequent Occurrence of Accepted Child Abuse and Neglect Reports (2009 update)





# Effects of Drug/Alcohol Treatment Services on Subsequent Occurrence of Accepted Child Abuse and Neglect Reports (2009 update)



# Reductions in Accepted Child Abuse and Neglect Reports

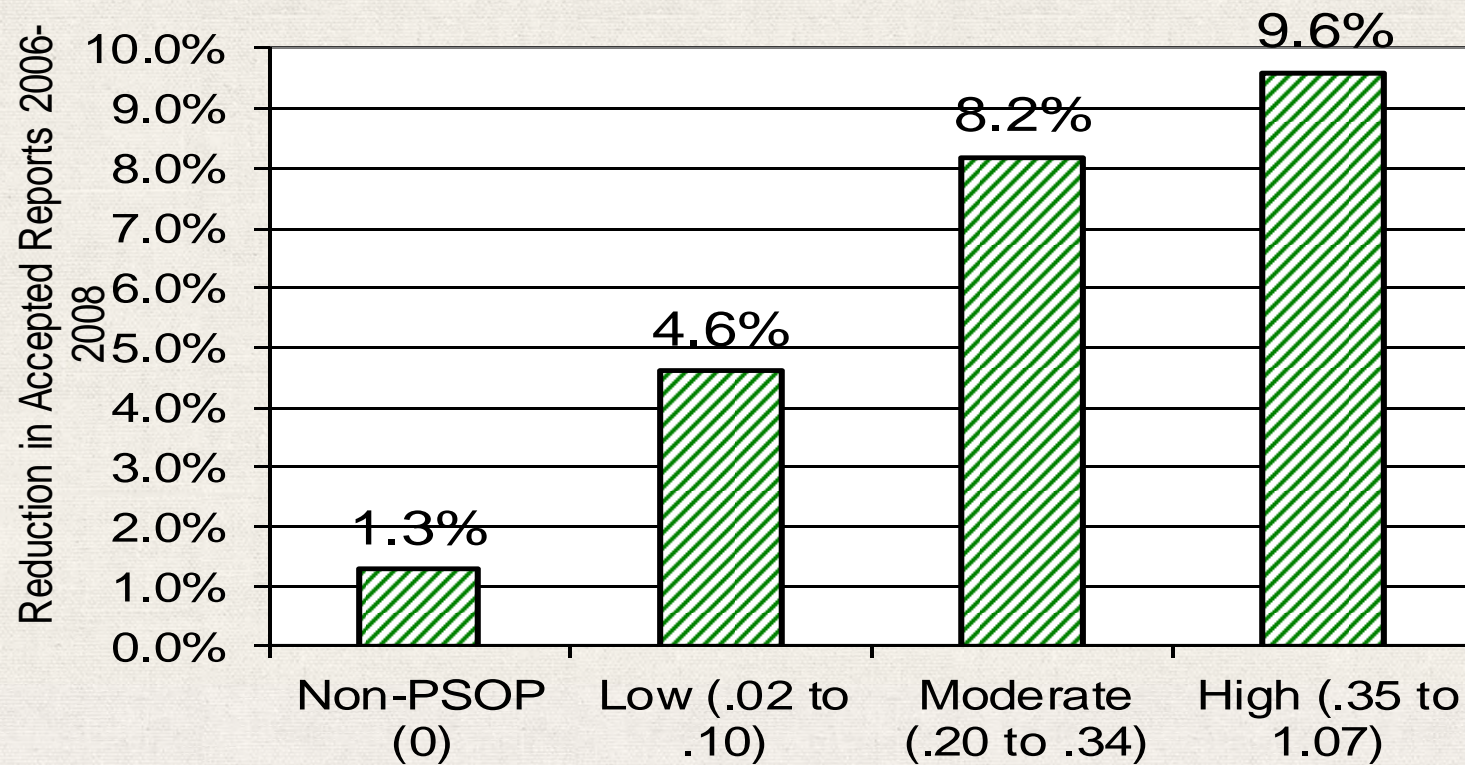


Figure 6.11 Average Reduction in Accepted Child Abuse and Neglect Reports by Counties Ranked for Potential Impact of PSOP

# PSOP 2012

- Currently 38 counties and 2 tribes provide PSOP services to over 2000 families through state grants in the amount of \$2,250,000 per year.
- PSOP Counties & Tribes:
  - Anoka, Becker, Beltrami, Blue Earth, Brown, Carver, Chisago, Crow Wing, Dakota, Grant, Hennepin, Isanti, Kandiyohi, Lincoln/Lyon/Murray/Rock, McLeod, Marshall, Meeker, Mille Lacs, Norman, Olmsted, Ottertail, Pine, Polk, Pope, Ramsey, Scott, Sherburne, Steele, Stevens, Traverse, Waseca, Washington, Wilkin, Wright & Yellow Medicine
  - Leech Lake and Mille Lacs Bands.
- All of the 7 metro counties are participating
- These counties and tribes receive over 70% of child abuse and neglect reports in Minnesota.

# SDM Family Strengths and Needs Assessment Performance Indicators

Percent of Families that improved:	
in at least 1 domain	78.5%
in 2 or more	54.1%
In 3 or more	34.1%

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[www.mn.gov/dhs/](http://www.mn.gov/dhs/)



# Discussion

## **For more information**

**(including a copy of today's slides and a webinar recording)**

<http://cb100.acf.hhs.gov/webinars>

**Please remember to complete the webinar survey that appears on your screen when the webinar concludes!**

