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Presenters: Caren Kaplan, Founder of Innovations in Child Welfare; Carla Carpenter, Differential Response Manager, Ohio Department of Job and Family Services; David Thompson, Child Safety Manager, Minnesota Department of Human Services.

Moderator, Elizabeth: [00:00:02] Good afternoon, everyone, and welcome to the seventh of twelve monthly webinars celebrating the Children's Bureau's centennial year. Today's webinar, "Who Should Our Clients Be? Differential Response and the Provision of Services to Voluntary Clients," is the fifth of eight topical webinars that will be offered between now and April, 2013. Today's discuss will address differential response and its implementation in two states.

Before we begin, just a few housekeeping items. First, please note that we have muted all telephone lines to minimize background noise. We will open the lines at the conclusion of the presentation to allow questions and comments from our audience. Also, your feedback on these webinars is very important to us. We will be asking you for your comments at the conclusion of today's presentation and ask that you take a few minutes to share them with us. Finally, the slides and a recording of today's presentation will be available at the Children's Bureau Centennial Website at www.cb100.acf.hhf.gov. We will share this information with you again at the conclusion of today's webinar.

Now I'd like to introduce our speakers for today. Our first speaker today is Caren Kaplan, the Founder of Innovations in Child Welfare; our second speaker is Carla Carpenter, Ms. Carpenter is the Differential Response Manager for the Ohio Department of Job and Family Services; our third speaker will be David Thompson, the Child Safety Manager for the Minnesota Department of Human Services. Welcome, and thank you to all three of our speakers for today, and at this point I'd like to turn things over to Ms. Kaplan.

Caren Kaplan: [00:01:21] Thanks, Elizabeth. My name is Caren Kaplan, and as Elizabeth said, I am founder of a children's firm called Innovations in Child Welfare. I wanted to give you a sense of the entire body of the presentation before I proceed with my specific presentation.

My name is Caren, as I said, and I'm going to cover a national context of differential response -- both the advent of it, and what does it look like now, in terms of our society and practice. I will be followed by Ohio's Carla Carpenter, who will detail the evolution of Ohio's Differential Response System; and then Dave Thompson will finish us up and focus on their third pathway, the Parent Support Outreach Pathway which is a voluntary pathway, in addition to Youth Family Assessment Response and Investigatory Response.

So I want to begin by providing a little context here, and many of you are going to be very family with this history that I have, but the face of the little girl that is on this slide is indication to depict what we have often thought child protection was. And many of you remember that Henry Kemp in 1962 began our field, basically by the identification of-- [remark re: problem with slides] Is everybody still seeing their slides?

Elizabeth: Yes, we can see them.

Caren Kaplan: [00:02:58] Okay, I don't know what happened here. Sorry about that. It's back now.

In addition to the Henry Kemp origins, we all know that CAPTA basically provided reporting laws for child abuse and neglect, and that was in '74, and historically there has been but one response to allegations of maltreatment. The investigation has focused on fact finding and identification of a perpetrator and a victim; but we know, as we look at child welfare data over time, that more and more of what we are seeing is less of this face and more about a series of reports that are demonstrating that we have the 78 percent -- under the substantiated -- 78 percent of the substantiated victims are neglect victims.

And so if you go to the next slide, what I want to show is a trend. What is significant to me about this slide in particular, is that over the past eleven years -- and this is based on the Federal Annual Report on Child Maltreatment -- the average percentage of neglected children is 65 percent. What also is important is that if you look over the last eleven years, you're going to see that there has been a surplus of a majority of children.

Now I'm going to ask you to go back to the picture for a moment, please. So this face that you are seeing is really a mismatch from what exactly we are being presented with.

What is a Differential Response System? A differential response system is a system that has two choices, at least two choices, in which the two choices are of accepted reports of alleged maltreatment. And so what we want to say about this, is although there is the word "voluntary client" in the header of this webinar, the fact of that matter is, is we are dealing with accepted reports of maltreatment when we deal with a two-pathway system of differential response.

And as you could see from the numbers that preceded this slide, the issue is, is that doing the same thing in an investigative matter was only actually building the number of families that came to our attention that needed us to do something different. It was almost like putting that square peg in that round hole.

So why do we need this? Well, in addition to the table that really showed the genesis of what the characteristics are that are coming through the front door, the majority of the reports that we receive do not have the need for court order. And as we know, the court order cases are a very small percentage of the cases that are involved in the system.

And so we have a case in which many of the families who are in need of services -- even our prior approach, or the single approach -- can only get services through a more adversarial response in which there is an allegation and an investigation, and the demonstration of whether evidence is collected to prove fault and wrongdoing.

We know that circumstances and needs of families differ, and so should the response. And I often use a medical example -- and I'm going to do so and use Carla, my colleague, as my sidekick here -- and say that Carla and I need to go see a doctor, perhaps we need to go see a skin doctor, and I have melanoma and Carla has a wart. Would we want the same treatment?

We, as a population, expect that responses will be specific to the needs that we present, and yet we've only had one general response over time. And I'm not suggesting that our practice hasn't

improved, and the manner in which we go about our work hasn't improved -- it has. But nonetheless, the standards of demonstrating whether or not it is true or it isn't true, and looking solely at the incident and not the entire context in which the family presents, has left us at an extreme disadvantage to helping our families.

One of the foci of a differential response system is really having that family assessment response, which I will also call an alternative response, and it can also be a multiple response system, it goes by many different names; but the key is really a focus on service provision. And so in part, the issue is engaging families who have identified their own needs for services and connecting them as soon as possible with their services and support that they have identified.

And in part, that's why the last bullet indicates that we could allow the system to work more quickly, because we're intervening earlier on; from the first point of contact, oftentimes, in the provision of services.

We do often talk about differential response as if it is a pathway. And I want to be clear about what we're talking about, because language is indeed something that we have trouble with; and for those of you that are old enough to remember family preservation, it was the same way in family preservation, where we used the term and many of us meant different things, and yet we thought we were communicating.

So we're talking here about a differential response system in which there are at least two pathways. The philosophical shift is the most fundamental part of the change, and that is that we're honoring the wisdom and experiences and strengths and needs of each of our families. And the word "each" is very important here. As families are much more than the presenting of their problems and their concerns; and that we have a belief that families want to address their safety issues and need help doing so, and that most of them are able to partner with us.

The structural shift is multi-fold. We're talking about a pathway time, and so indeed there's more than one response, which leads to different types of data collection, different staffing needs, statutory changes in most instances, different policies, and that's part of the structural change.

The part about the organizational change is something that we call a parallel process. And that is, if we truly believe that we're going to intervene with families in a different manner, then every single type of interaction has to change, too.

If I am a supervisor and am fairly compliant-oriented with my workers, how do I expect them to engage families in a much more holistic way when I am very much of the mindset to find out whether or not they did or did not do what they were supposed to do. I'm not suggesting that that isn't important; what I *am* suggested is the manner in which we carry out our work all have to realize that we have relationships that are the foundation of our work, and that we're trying to optimize those relationships through engagement and collaboration, and that goes first and foremost for our families, and goes all the way up through the legislature and the gubernatorial office.

Alisa Merkel-Holguin, who was previously at American Humane and now with the Kempe Center and myself, who was previously with the Child Welfare League of America, conducted a

study in 2006. And the intent was: so we're talking about a differential response system, what do we mean when we use that terminology, what is it that we are trying to determine.

The first is what I've already emphasized, and that is we're talking about screened-in cases. And as Dave will talk about: we are not only talking about screened cases in some situations, but that is the first and foremost piece of a differential response system, two screened-in pathways. But the assignment to whether or not -- and I'm using AR here to mean Alternative Response -- that the assignment to the alternative response or the investigatory response is based on criteria -- we'll go over some of those in just a minute -- that you can change that assignment based on what happens within the life of a case. So that if situations change, you can change where the family is intervening.

We have philosophies about that change, because typically a family has established a relationship with a worker, and some workers do both pathways -- not necessarily most workers, but some workers do both pathways -- why should we necessarily switch the relationships.

Families can choose to decline the alternative response pathway and opt for an investigatory response, and that might seem a tad odd, but there are instances such as custody battles where it is important to the family member to determine whether or not it was done or it wasn't done, so that they can spend time with their children as part of the custody dispute.

The family can accept or not accept services -- this is only true in the absence of safety factors. So when we use the word and say it's a "voluntary" approach, it's voluntary when there are no safety threats. The minute there are safety threats, we are operating in the same system that we always had, and that is our primary mandate, is to keep kids safe.

As I said earlier, this approach is codified, so I like to say that we in child welfare often have a flavor of the month philosophy -- this is not a flavor of the month, this is not the new game in town, this is something that's going to endure over time and be sustained. And that's why we codify it. That there is no substantiation, there is no victim, there is no labeling. Because labeling sets us apart from our families and demonizes our families. Our families are people that we want to partner with. If we label them, we push them away and put a barrier.

And then there are no names that are entered into a central registry, where the registry is -- I know that some states like New York have their centralized intake called their central registry; this is where your registry is the list of names that you enter when someone has been founded for maltreatment, and therefore it impacts their record as they go forward in life in terms of their ability to get certain jobs.

There are many things that are different; there are many things that are the same. Several of the most significant things that are different is that we are again, not focusing on a blame context, that we're really using collaborative practices to the extent that we could not before, because again, that founding got in our way, that we're not judgmental. That families -- when I say partnership and collaboration, we have used those words in our field for forever, as long as I've been in the field, and I've been in the field three decades. And yet, I think that when push comes to shove, you can engage a family to the best of your ability. But if ultimately you have to tell them that they are a perpetrator, and that the court's going to order particular services that they

have to comply with, it's pretty hard to say that you're not judging. That's laden with judgment just unto itself. Services are service and support, then we're not necessarily focusing on surveillance.

We have a slew of commonalities. And I am going to go through this slide and the next two that follow very rapidly, and hopefully you can download the slides and look at them more in depth afterwards. But the idea is, our mandate is still safety, no matter what. And so part of the question always has been: does this approach compromise safety. I'll go over some evaluation results that demonstrate that that is not the case; but it's still safety, permanency, and wellbeing -- that's our mandate, not matter whether we're doing a family assessment response, or whether we are doing an investigative response.

Our authority still is to make decisions. And that decision is if the child is in eminent danger and we cannot put anything in place that can keep that child safe, either at home or being supported by other loved ones, then we have to make a decision to place. That's our mandate. It doesn't matter which pathway we're in.

The idea, really first and foremost, is to create flexibility where each individual is seen in their context, again, much as we would like to be.

This diagram was done by my colleagues in Ohio, and it's really very straightforward. You see now visually the things that I just said. What needs to be identified is that the alternative response on the far right-hand side deals with low and moderate risk cases, typically. We are talking about neglect cases, and single incidents or minimal physical abuse. We are not talking about anything that's severe, like burns, broken bones, things like that, or especially when you start; and sex abuse is always going to be a traditional response, because you always have to collect evidence.

This is a wonderful slide that I'm not going to go over, because it's loaded with details. But initially it was developed by Pat Sheen, and it's been published in many different iterations. It is wonderful conveysive [ph] distinctions, so please download it if you need to look at it in further detail and don't have access already.

I was talking about how you distinguish. So a part of the codifying of what gets seen through a family assessment response and what gets seen in an investigation response is really identified in policy, first and foremost, and sometimes in state statutes. That there's a type of maltreatment, as I said, so sex abuse or any type of sexual offense would always go through a traditional response.

There is an issue of severity. Obviously, if something is more severe, you are going to be more conservative in the way that you approach it. And therefore, you would likely involve law enforcement. The involvement of law enforcement or a court automatically makes it a right and wrong format, and makes it a format in which you would use a traditional response.

Some states have looked at the history of past reports as in numbers; but my colleague Dave, who is on the phone, tells a lovely story that he probably won't have time for today in which one of his workers had a case that was severe, handled it on multiple occasions through a traditional response, and the worker asked if he could try it in the family assessment response because he was getting the same result doing it in the investigation response. And lo and behold, they

switched pathways, something that was counterintuitive, and the family had a more successful outcome.

The last bullet is one of the best determinants of whether or not families will succeed and be able to keep their children safe. And that is the issue of engagement -- the family's willingness and capacity to participate in services. And I want to say just one word about this quickly, and that is that we see families are often resistant. And I want to point out to all of you that are very familiar with protective factors, that many of our families become resistive when they've had adverse experiences over periods of time with a formal system, and therefore are protecting their family from involvement of the formal system by resisting. So I want to put a new face on resistance or lack of cooperation, which we almost always use as blaming the family, when indeed, I think it can often be, if not most times be a strength of the family.

So this is really more of the specifics. And this is actually a specific from a Native American tribe in Montana, and so this is how they deciphered their pathway response. And so again, you can see on the right-hand side that you're dealing with cases that are less severe or lower risk -- depending upon how you want to say it; less need for immediate involvement due to imminent harm or risk of imminent harm. And on the left side, they made their list of those that they would continue to use in investigative response, or those that they call a child protection response.

This is a slide from Tony Loman from the Institute of Applied Research in St. Louis, and I will mention him again. And again, I don't feel like I can, especially since I don't have control of the slides right now, but I do want to say that the first oval to your left is starting with "accepted reports." And so you move from a place of accepted reports, and in that, you've now already done your intake. So you've already done screen-in; your next two choices are based on a second screening which is the diamond, and the diamond determines by the criteria that I just showed you whether or not something is traditional, meaning investigative or family assessment.

If it does not deem appropriate, if the initial decision does not deem appropriate -- as you can see, there's a small arrow there that says "track change." I want to point out that that track change can be any time during the life of the case. That was a convenient time and a likely time that you would use it, but nonetheless, it can be done at any point in time where circumstances change.

And then you'll see how it moves forward, where on the top half of the slide the traditional investigations have substantiated and unsubstantiated and involvement, with services after that; and then below you have the accepted services and the declined services; and then oftentimes what we have more than anything is community service involvement, both formal and informal.

I want to highlight that I know that this is not an anomaly or systems that only have a traditional response. It is the extent to which you can do that work and the level of partnership that is important.

This slide is merely to show you the growth of differential response systems over time. And I want to tell you that it's probably not accurate at this time, because I've been told that 50 percent of the states have either statewide or pilot programs. But this is just to give you a sense of the trend and nothing more than that.

This is one of the most talked about issues, and I am certain that we could have a whole session on funding. I'm sure that both Dave and Carla will mention how their systems were funded when they were going through implementation. But I have listed federal sources, state and municipal sources, and foundations. And one of the things that I will cover before I conclude, is just that there has been a legislative change in CAPTA that encourages funds to be used for the development of a differential response system. I recognize that there are not a lot of federal dollars in CAPTA, but nonetheless, it's one that's actually articulated as being targeted to the differential response approach.

Again, being mindful of time, these are the different ways in which systems grow. I want to suggest that two things, the ones that are no longer in existence, people always have curiosity about those, those are about systems that either due to change in who was in elected office, or change in priority of the government. They are not at all due to system failure or high profile cases. There's never, to the best of my knowledge, and I've been working in this for almost a decade now, there has never been a system that has changed its approach by virtue of having a high profile case. But it does show you that many people start differently. And the most common way is to start with a subset of all the jurisdictions. Some people call it pilots, some people call it demonstrations, some people call it the beginning of initiative, whatever your desire is.

That's our colorful country, in terms of showing that growth. I again, want to go to the next slide because it's very important.

So most people say: so how do we fare in differential response. And I know that both Carla and Dave have information specific to their jurisdictions. This information is based on two field experiments that were done over periods of time in both Ohio and Minnesota by the Institute of Applied Research. And I'm just going to go over the large ticket items, because these are huge in terms of where we are in terms of the art of the practice. And that is, safety has not been compromised.

To the best of our knowledge, children are as safe if not more safe, and if you want to talk about what I mean by more safe, we can do that after the session. The engagement of families is something that the family experiences. Both workers and families believe that they have more of a role in resolving of their issues, in the participation of services. One of the unintended consequences is the next bullet that says that CPS staff reacted positively. We have talked over time endlessly about retention and recruitment issues; the fact that workers are happier and feel more like they are helping families is very good news from that perspective.

There is a great deal more service involvement, and in particular, services for more durable goods or economic hardship are being used; many of our families, most of our families are first and foremost poor, and that puts a lot of stress on the family unit, and often leads to situations in which there can be maltreatment. Not causal, but it does have a [unclear] to it.

And the big one for the Federal Government as well as the states now is the fact that both placement and subsequent reports go down, and those are very important in terms of the way that we look at how we are faring -- short-term costs as best we know go up; long term costs are reduced; the reason they go up, is when you do innovation there's an investment... all of you should think about a time when you tried to learn something new, and when you learned

something new, didn't you have to invest some resources; after the retooling is complete, you've now frontloaded the system and there's less and less need as placement reduces, some of those dollars can be moved to the front.

So this is about CAPTA and I just want to point out the role of CAPTA. I believe there's eight or nine mentions in the 2010 reauthorization of CAPTA, and part and parcel were all 50 states and the District of Columbia, is now you have to provide state assurances of procedures that differentiate severity. So although it doesn't have to be the formal differential response system that I'm indicating, you do have to document that you have something that indeed allows for differentiation. That it allows for the basic state grant funding -- and that's one of the things I just said earlier -- and the idea of identifying policies and procedures that are used and targeted toward a differential response, and then you have to be able to provide data.

I'm very aware of time, I'm going to ask if you can skip to the recurring themes. So I'd emphasize collaboration, I'm sure that both Carla and Dave will emphasize collaboration. And it's very important that you recognize that that is something that you have to do on an ongoing basis. Because as we know, the people that are in our systems as well as in our partners, we have changing of the guard all the time; and so keeping the information flow going on an ongoing basis so that families can receive what they need is pivotal. I think both in Minnesota and Ohio the leadership issue has been crucial to determining success, and it’s a developmental process. It does not happen overnight.

And I know that many folks are very interested in solving problems in child welfare, and I don't blame you. But it doesn't happen quickly, we didn't get into this situation quickly. And so you have to be methodical in order to have it stick and be done constructively.

This is a reiteration of things I wanted to say, and that is we have to remember why we are doing the business we're doing... we get very caught up in what's happing today and very reactive towards that. This is all about recognizing that we are here first and foremost to serve families, who are the experts in their own family, and for the most part have no need for an adversarial response, even that the main thing they need are services and support. And that is the best way that we can engage them, and the evaluation data demonstrates this.

One word to the wise that I always say, is given that some of the best differential response system have used evaluators extensively, I think if you're just starting this process, using an evaluator is key to being able to demonstrate both internally, externally, and to your legislators, that you are doing something constructive for your families in need.

Thank you very much; on to Carla.

Carla Carpenter: [00:32:14] All right, thank you, Caren. Hi. My name's Carla Carpenter, and as Elizabeth mentioned at the beginning of the webinar, I am Ohio's Differential Response Manager for the Ohio Department of Job and Family Services. I want to thank the Children's Bureau for the opportunity to participate on the webinar today to share some of Ohio's lessons learned through our implementation of differential response.

Just to start, I wanted to provide a little bit of background information about Ohio. We're the seventh most populace state with a population of about 11.5 million people in the state. Our state

child welfare system is a state-supervised county-administered system. So our local child welfare agencies in our counties have a high degree of autonomy, which allows them to have a lot of creativity and innovation, but also presents us with some unique challenges for implementing any statewide initiatives here in Ohio.

We have 88 counties in the state that have widely bearing resources. We have very large urban counties where there are a lot of community resources available; we also have a number of very small very rural counties where there may not be very many local resources at all.

About half of our counties have local tax levies which help fund child welfare services, and about half of our counties do not. So we piloted differential response in ten counties in Ohio that represented that kind of diversity that we have around our state. We first piloted differential response in 2008-2009 with an 18 month pilot evaluation of differential response.

And that was in the midst of, of course one of the most significant economic downturns in recent history, during the height of it actually, where in our state we had a statewide unemployment rate in 2009 of about 10.2 percent statewide, and much higher than that actually in some of our counties. In fact, one of our pilot counties had an unemployment rate at the time of 14 percent. So that just gives you an idea of the economic climate in the state at the time.

We were also experiencing significant budget reductions both in state and local government at the time, resulting in significant staff reductions, staff furloughs; so a very challenging time to try to implement any new initiative when we were seeing increased needs in our communities across the state, and capacity-reduced staffing in many of our agencies across the state.

So that context I think is really critical for understanding, and makes the outcomes that we get to you during our pilot I think even more remarkable. Based on the success of our pilot initiative, we're now currently working towards statewide implementation of differential response here in Ohio. So in spite of a very challenging time for implementation, we were able to achieve a good deal of success through the implementation of differential response.

I just wanted to take a moment to clarify Ohio's terminology, and I think this is in line with what Caren presented. We've really created a shift in our language in Ohio. During the pilot we talked a lot about Ohio as having an alternative response. The focus was on alternative response as the new pathway, and we kind of like to lie [?-ph]about alternative response, alternative response, AR.

But since the pilot, we've really taken a step back and really focused on our system as a whole. And that was one of our big lessons learned, that when you implement differential response it's must more than just the addition of new pathway. You really have to focus on your system as a whole.

And so we shifted our terminology in our statutes and in all of our trainings, and we now talk about our system as a differential response system with two pathways for responding to accepted reports of child abuse and neglect. One of those pathways is our traditional response pathway, which many states refer to as their investigatory pathway. The other pathway is our alternative response pathway, which many states refer to as the family assessment response.

Ohio adds sort of a unique beginning to our differential response system. Exploration of differential response in Ohio came in response to two reports, actually. Back in 2004, Ohio's outcomes that we demonstrated in the first round [CFSR] the only services review, that was one of the initiating forces; and the other was a report that was done by the American Bar Association Center on Children and the Law that identified very different outcomes for children and families around our state due to very wide variations in an interpretation, and application of our state laws for child protection throughout the state. So those two reports combined, and the outcomes that we were seeing in our system at the time really spurred a closer look at our state statute, our policy guiding practice in child welfare, and this work really came out of... our Supreme Court of Ohio has an advisory committee structure, and still has the same structure to this day.

One of the advisory committees for the court was the Advisory Committee on Children, Families, and the Courts, to advise the Supreme Court on policy matters, law related to how the courts and stakeholder agencies around the state were serving families, and that advisory committee created a subcommittee called the "Subcommittee on Responding to Child Abuse, Neglect and Dependency," in response to those two reports back in 2004.

And that subcommittee was charged with making recommendations to improve our state child abuse and neglect statutes, and policy guiding our response to report the child maltreatment here in Ohio.

That subcommittee was made up of representatives from child welfare and all of our partnering systems across the state. It included representatives not only from the judiciary being out of the Supreme Court, but also from the state department, Ohio Department of Job and Family Services; our county Public Child Welfare Agencies, and really involved a meaningful involvement of a very diverse group of stakeholders from legal system advocates, to folks in our education system, mental health practitioners, advocates for families, for parents, and for resource families, foster families; youth voice was represented on that subcommittee, law enforcement -- really, all of the folks who are either served by or touch our child welfare system in some way were represented on that subcommittee.

And this I think was one of the most instrumental forces in development of differential response here in Ohio. It really resulted in us having champions for differential response not only in child welfare, but across all these systems, which has really turned out to be one of the great strengths of the initiatives here in Ohio.

It's provided a very strong foundation for differential response to have continued reports in Ohio, even through changing their leadership through the years. So we continue as we implement to really advocate for a strong focus on partnership and collaboration across systems at the local level as well, as we continue with our statewide implementation of DR.

This is a timeline of differential response development in Ohio, and it just shows where we started, as I mentioned, with the formation of that subcommittee back in 2004. In 2006 we were able to achieve the statutory authority to pilot an alternative response pathway in ten counties, and the reason that we were able to secure that statutory authorization was, again, because of that

strong stakeholder involvement in the subcommittee, and their recommendation to go forward with a pilot of an alternative response pathway.

In 2007, we had a design workgroup that came together, and that design workgroup was formed with representatives from each of those ten pilot counties who came together to really design from the ground up the nuts and bolts of what Ohio's alternative response pathway would look like. And that was a really different process for the state of Ohio in setting up this initiative.

In the past, historically the state would develop policy, make programmatic decisions, sometimes with county input, of course, but ultimately it was the state driving the decision-making process. So for us, this process of the state and counties coming together in the design workgroup and the counties actually voting and driving the decision-making process was a very different process for us, and it was a very time intensive process. It took us about a year of work through the design workgroup and discussion of that group coming together regularly before the work was complete and we were ready to launch the pilot of our differential response model here in Ohio.

But that really proved to be a very worthwhile investment of time. It set a very strong foundation for us; really helped us build a system that was based on -- it demonstrated the partnership principles that we talked about with differential response. And it set the stage for strengthened partnership between the state and counties that really continues to this day, as that design workgroup has changed and continues to exist as our Differential Response Leadership Council, which I'll talk more about in a minute.

So in 2008-2009 we picked up the work that the design workgroup completed, and actually implemented our pilot. That was the period in which we were implementing the pilot, evaluating the pilot. In 2010 our Pilot Final Report was released, and that's what set the stage for us to be able to achieve the statutory authorization that we needed for statewide implementation here in Ohio, which we were able to secure in 2011.

And since that time we have been working on a gradual expansion of differential response in Ohio; we are now implemented in 48 of our 88 counties, and continuing to work toward statewide implementation.

Here is a look at our two pathway system in Ohio with differential response. One thing I want to say and emphasize, and Caren talked about this as well, with Ohio's differential response system, both pathways are child protection responses to screen in reports of child abuse and neglect. We do not have a prevention pathway here in Ohio as of yet. Both pathways are for screened-in reports of child abuse and neglect.

So although our alternative response pathway is structured from the ground up to really foster and promote partnership with families, it's not a voluntary pathway. So if a report is screen in, a report of child abuse and neglect is screened in here in Ohio, we have a mandate to assess that report, whether that report is assigned to the alternative response pathway or the traditional response pathway. After that assessment is completed, if there aren't any cases left identified, then as Caren mentioned, continuing services are voluntary, and that's the case on either pathway.

This is just a closer look at our two response pathways here in Ohio. By statute and by policy in this state, some types of reports that come to the attention of Child Protective Services must be found on our traditional response pathway, and I think this is more due to the structure in many other states. The traditional response is required for reports of sexual abuse; it's also required for reports of abuse that have resulted in serious injury or serious immediate risk.

In both pathways, I think it's important to know here in Ohio a safety assessment, risk assessment, comprehensive family assessment are required in both pathways. And we use the same toolset for those assessments in both pathways.

On the traditional response side, the authorities of court may be leveraged if necessary in order to achieve child safety; on our alternative response pathway, that is not the case. If a case were to require the intervention of the court, it would pathway switch from alternative response to our traditional pathway.

Some of the differences with our AR pathway in Ohio, alternative response pathway doesn't result in a finding, and as Caren talked about in her overview; our alternative response pathway includes some different options for how caseworkers can initiate a case with a family, there's a little bit more flexibility in a timeframe, and we have a new tool that we use in the alternative response pathway called the Family Service Plan.

So on the traditional response pathway what would happen is filing the completion of an assessment, that 30 day assessment process, if it's determined that ongoing services are needed to list assessment, a key plan is then developed with the family following the completion of the assessment. Whereas on the alternative response pathway we have a simplified tool called the Family Service Plan that is able to be implemented with a family any time from the initial assessment of [unclear] forward. So what that does, is it provides more opportunity to frontload services with families and begin meeting some of those identified needs earlier in our work with the family.

This slide shows our evaluation design when we evaluated our pilot here in Ohio, and our evaluation was actually modeled after the state of Minnesota's evaluation. The Institute of Applied Research did the evaluations for both Minnesota and Ohio. We did a rigorous 18-month field experiment on differential response here in Ohio, and what I want to say about this chart, is that it reflect that the cases that required a traditional investigation and required a traditional response in Ohio were immediately removed from the study.

So when a report came in during the pilot in those ten pilot counties, they made that screening decision first, whether it was going to be screened in as a report of child abuse and neglect; and if it was, then they went ahead and made their pathway assignment determination, whether it was appropriate for alternative response, or needed to be served with a traditional response.

If it needed to be served with traditional response, it was not part of the study. If it was eligible for alternative response, then it went into a computerized randomizer, and was randomly assigned to one of two groups. One group, a control group, received the traditional response; and then our experimental group received the alternative response. So we were really able to

compare two very similar groups of families, all cases that would have been eligible for alternative response that were randomly assigned to one of those two groups.

This is a list of some of the significant findings from our evaluation report. The full report is available on Institute of Applied Research's website, but I wanted to pull a few of the most significant findings.

We found in Ohio that child safety was not compromised by the alternative response approach. We found fewer new reports to child protective services for families that were initially provided that alternative response approach. When families did come back into our system, we found there was a greater length of time between those interventions for families that were served on the alternative response pathway. And those families were also less likely to result in a subsequent child placement. So all their encouraging findings in relation to child safety.

We also showed evidence of shorter family engagements who were involved in it by families in decision making, and this was reported both by our families and by our workers that were working with the families. And we found evidence of more time spent in the field with families. More face-to-face time, more time to telephone contact, more time to direct service referrals and connections with services with the alternative response pathway. And we also found a very high degree of satisfaction among both workers and our families with the alternative response approach.

We're actually currently engaged in a three-year follow-up setting in Ohio that will be completed in the year 2013, next year. And that study is following these same two groups of families over an additional three years beyond the end of the pilot to look at the outcomes for those families over a longer period of time; to look at the cost impact more in depth over a longer period of time; and the study will also provide an updated analysis of our workers' responses to differential response, now a few more years into implementation.

Our final report from the pilot included a set of recommendations based on our lesions learned through the pilot and documented through that pilot process. The final report was very, very thorough, and these are just a few examples of some of the more significant recommendations and lessons that we've learned along the way that I wanted to share today.

First of all, all of the pilot counties emphasized at the end of the pilot that the implementation of differential response is developmental by nature, and requires an incremental process that happens over time. It's not something that happens quickly, and Caren talked about this as well. But across the board our pilot counties gave this feedback at the end of the pilot. They said system and practice change is achieved over time, and that with statewide implementation, they strongly recommended that we not rush the process. That we provide future rounds of counties with the same opportunity to engage in a developmental change process over time that those pilot counties had. So we've heeded that recommendation in our statewide implementation of differential response, as you'll see.

Our counties also said parallel process is critical to the change effort, and that the system needs to be aligned from top to bottom and bottom to the top with the desired practice change that you want to see in the field. So if you want practice to unfold with families in a certain way,

supervisors have to mirror that in our action in their work with workgroups. Agency administrators have to mirror that in their interactions with supervisors. And the state has to mirror that in its interactions with counties, as well. So you system has to be aligned in order to support the practice shift that you want to see in the field.

For us, we had the opportunity to work with the state of Minnesota, and Minnesota was our mentor through our implementation process, and we're really fortunate to be able to work with our colleague Dave, and our other colleagues from the state of Minnesota; and many of our counties and state partners also had opportunities for mentorship, for peer-to-peer learning, to go directly and learn hands-on learning with our partners in Minnesota. And those are some of the most beneficial learning opportunities for counties and for state staff as well. And so at the end of the pilot, our pilot counties also recommended that we really focus on building capacity of our pilot sites within the state to serve in that mentorship role to new counties coming on board, so that's something we've also focused on in our statewide implementation.

We've also learned along the way that we needed to do a better job of supporting our supervisors. Especially when first implementing differential response, and supervisors are being asked to supervise a practice that they didn't have prior experience with themselves. And so one thing we've really paid attention to with our statewide implementation is that supervisors have unique needs, and we're working on ways to better support their unique needs as well.

And the other piece that I just wanted to touch on -- and it's something that we have really been hearing more, even as we implement statewide -- is that with differential response you don't invest all of your resources in just the new pathway. That can result in some unintended consequences of your investigative workers feeling devalued. Both pathways are critical to an effective child protective system, and we want to make sure that practice step is supported in both pathways. So focusing on your entire system, not just the new pathway is really critical to the success of differential response.

So that's what we're working toward right now. Statewide implementation with fidelity to the model, we want to continue to see the kinds of outcomes that we were able to see during the pilot; we continue to strive to align our system top to bottom through parallel practice of partnership between the state and the counties, between agency leaders and supervisors, and between supervisors and workers, and make sure that that is all consistent across our system.

We're working also to provide support to counties not only as they implement, but also ongoing support after implementation to foster continued growth of practice in counties that have already implemented. Again, as we know, as we've learned along the way, that this really is a developmental process that happens over time.

We have a number of system supports in place to help us achieve those goals. First of all we have our Statewide Differential Response Leadership Council, which I mentioned earlier, as the group that evolved out of what was our design workgroup prior to the pilot, and has now become a fully fledged Differential Response Leadership Council that is co-chaired by county and state co-chairs, and the county has continued to be the voting member on that leadership council. And that council services as our ongoing leadership forum and makes recommendations for enhancing our implementation of differential response across the state.

And then we have a work team of the Leadership Council, which is a subgroup of the Differential Response Leadership Council that is our Differential Response Statewide Implementation Team, and this group is dedicated specifically to working on strategies, working on tools, recommendations that will promote fidelity in our implementation as we scale this up across the state.

And then our Local Implementation Teams are of course a critical piece of the puzzle as we work to create an ongoing feedback loop between practitioners in the field, and our leaders of council and our state office chair, making sure that the practice is informing policy, and that that feedback loop is strong.

So our Differential Response Leadership Council has now got a work plan for our statewide implementation process. And we have had so far six rounds of implementation, where we're continuing to implement in that phase implementation process of bringing counties on board in small groups at a time.

The first five rounds including those ten pilot counties that were part of that initial implementation group, were all selected through a competitive application process. And that brought us close to about the halfway mark towards statewide implementation; and then once we got there we worked with the remaining counties to develop a statewide implementation schedule for the remaining counties. So we now have a fully framed-out schedule that includes ten rounds of implementation, and to state will be statewide with the fringe [ph] response by June of 2014.

We have a series of activities and supports that we have developed to assist each round in counties as they prepare to implement differential response. So we have a fully kind of flexed-out and developed Initial Implementation Process which includes a county self-assessment tool, it's a readiness self-assessment tool for differential response that counties use as a guide in planning for their implementation; we have also developed an orientation for the new counties that we bring together, all of the new counties in a group are around as they're preparing to implement about three months or so before their implementing, we bring those counties together for a one-day orientation session; and then we also provide onsite for each county technical assistance in the form of a readiness consultation visit, where we go to the county and provide that individualized technical assistance to each county as they develop their implementation plan.

Each county also receives a two-day differential response primer training for their staff as they prepare to roll out, and we work with each county to plan and offer a community orientation for their local partners and stakeholders as they implement differential response at the local level.

And then we also are very fortunate that we have been able to establish at the state level what we call our Alternative Response Experience or Learning Fund, and that was developed with support from Casey Family Programs. And that's the fund at the state level that we can use to help defray the costs of county-to-county face-to-face peer learning opportunities. And that's been, as I said, a very important piece of the implementation process for both new counties -- inexperienced counties that are trying to grow their practice in a particular area, to be able to have that support, to reach out to one another and be able to have to those face-to-face learning opportunities.

So in addition to that sort of initial implementation package of supports, we've also worked to continue to provide developmental support for counties post-implementation. Ongoing support as counties really strive to grow and develop their practice on an ongoing basis.

And some of those supports include monthly conference calls for counties to come together, to dialog about what's working well, what's been challenging, to ask questions of one another and of the state.

We also have quarterly in-person meetings to provide a face-to-face opportunity for workers to come together and talk with each other across counties, and for supervisors to also come together and talk with other from different counties.

We also provide each county, after they implement the opportunity for coaching, on coaching experience, that is generally offered three to five months after a county has implemented, has some experience under their belt, they know what's been challenging for them -- we follow up with that follow-up coaching support.

And then we were also focused on providing some Advanced Training opportunities for our counties that have been implementing differential response for awhile, including specialized training for counties wanting to work with families experiencing intimate partner violence in a differential response system. And then we're also working on the development of a curriculum for supervisors, currently, and that curriculum is going to focus on the role of supervisor as a coach to their workers, and how they can demonstrate in parallel process those practices that we want to see in the field with families.

So that just gives you a flavor of some of the ongoing kinds of development supports that we've been working on here in Ohio as well.

So what makes a difference. We have a tendency to focus on resources as the most important component of change, and I will be the last person to say that resources don't matter. I would never say that resources don't matter or that they don't help. But what I will say is probably the most important lesson we learned along the way is that although resources certainly help the process, the approach itself is what is most important, and that changes can be implemented that make a difference even in the absence of additional resources.

And what makes the biggest difference in fostering teenagers [ph] and embracing that opportunity to try something new. Try something new with your families, try something new in your system, in the way that you support the work with families. That is probably the biggest lesson for us in Ohio that we've learned along the way.

So with that, I want to be mindful of time and turn this over to my colleague Dave in Minnesota. Thank you.

David Thompson: [01:02:31] Thanks, Carla, for your presentation on your experience in Ohio. Those of you who are listening in, Minnesota's response system is very similar to that of Ohio, and so I appreciate hearing kind of similar outcomes for them, as well. And thanks, Caren, for the presentation on the history of the development of differential response and the practice model itself.

We tell our social workers that it's important to listen to the family's story, to have some context for that experience.

I'm just going to tell you a little bit about my background. I have been a Child Protection Worker and Supervisor and Manager in a large metropolitan county in Minnesota. I have had the experience of being a faculty member for several local colleges for almost two decades in the Social Work Department, and for the past 13 years that I've been at the Minnesota Department of Human Services, and responsible for our child welfare reform efforts and specifically for our differential response.

Minnesota has had a differential response system statewide since 2004. Prior to that time we had a four-year large-scale pilot in about 70 percent of our counties; and even before that, going back to 1997, we had a waiver program for one county to develop a differential response program. So our experience with differential response is pretty mature and our programs are fairly mature.

You can see the evolution of that change as we look at who we work with and what we believe about working with families over the years. I think we started out with 25 percent of our families statewide giving a family assessment response, or a non-investigative response, and we're over 70 percent now for families receiving that.

We were limiting ourselves to low and moderate risk families, and 22 percent of our families now are in the high-risk category. We think it's much less about the category than it is about the willingness of the families to engage in services and share common ground around child safety, I think that's one of the things that Caren mentioned in the practice model, so that you have that background.

So I'm going to shift away from that, from the differential response, just to let you know that we've had a long history of differential response. It's the majority of the work that we do, and our system looks much like that of Ohio, and our outcomes are very similar.

In fact, the principal researchers now in Minnesota and Ohio's random clinical trials say that you can overlay our outcomes on a graph and they look exactly the same. So we have been able to repeat the outcomes and I think that's important to know that the service, the work has been repeated in other places and works just as well.

What I want to speak about is Minnesota's Child Protection Program, and specifically the 3rd track for us, which is the Parent Support Outreach Program.

Minnesota screens out approximately two-thirds of all of our maltreatment referrals, which is opposite of what you see state or nationally, that approximately two-thirds of all reports are screened-in. And the reason behind that, we think the Child Protection processes can be very intrusive, and I think we're very thoughtful about who we bring into that system.

But we also know that many families that are screen out have a high exposure to child maltreatment [risk factors], and so we're concerned about those and about public policy, about those families that get screened out; and we also know that we have a rich array of services, especially in the metropolitan area in Minnesota, but many of the families that we work with are so engaged in the struggle for survival daily that they don't have the resources to connect

themselves with those resources, so we're looking at how we can make that experience different for them, and we feel that these families could benefit from an outreach program.

The Parent support Outreach Program is a voluntary program offered to families who have been screened out from a formal child protection response. It's intended as our 3rd track that compliments both our Family Assessment, which is 70 percent of our cases, and our Family Investigative track, which is 30 percent of our cases. Families that are served by county child welfare agencies are through contracts with community-based social service providers.

Eligibility requirements are such that we don't take active child protection cases, we don't want to duplicate efforts or make it more complex for families. But we do work with families where at least one child is age ten or under; we focus on younger children because the younger and earlier we intervene, the more likely we're going to change the trajectory of that family and make it more positive.

Most of our referrals come from screened-out reports to the Child Protection System, those reports that didn't meet the statutory threshold of child maltreatment in Minnesota; and we also take self referrals of child welfare concerns and community referrals, and also referrals from some of our TANF programs.

Our pilot started in 2005, it involved 38 counties, 5000 families were intended to be served. We used a variety of funds, including a generous grant by a local foundation so that we could provide counties with $1000 per family to help defray service costs.

The purpose of the program was to test the impact of early intervention services on the outcomes for at-risk families to see if we could make a difference. We also wanted to develop systems of engagement with service systems and to develop the infrastructure that we needed there for families who are not traditionally served by the child welfare system, and we wanted to connect at-risk families with enduring supports within their communities. We saw this as a kind of a soft intervention for the families, but more important than what they've gotten through specific program was their engagement with existing programs in their community and their neighborhoods that they could go to in the future if they needed services.

Service categories include case management, basic needs, parenting education... as you can see the rest of list. As you'll see from the demographics later on, our families tend to be very poor with significant mental health problems, and a lot of the services that are around getting them organized in their basic needs. That they're not homeless, that they have sufficient food, that they have transportation to health care, and all the kind of basics are in place. And once that's there, they're more likely to be able to work on other issues. It's really difficult to work with families on complex emotional issues when they don't know where they're going to put their head that night to sleep. So that's the service set.

Service delivery -- eligible families are offered participation in the program by the county, so this is a screened-out report. They make a call and say there's been a concern expressed for your family, we know that you have a difficult job parenting, and we have this program that's available, and then talk about the program and the resources available. Families who engage in the program complete a strength and needs assessment and the child wellbeing assessment. We

use the structured decision making set of tools, and this is one of the tools that we use for this particular program.

The family and the county or a contracted community worker develop a plan jointly. Since this is a voluntary program, we really have to engage the family in what they're interested in, and so a lot of the focus is on the customer self determination in this process. And then after services are over, we check in with families to see how things are going for them.

This is the Logic Model. Basically, we want to know the characteristics of families, and we collect data about that and their needs, and the needs are identified through the strength and needs assessments. We deliver a set of services, data is collected on those services and then on the immediate outcomes of meeting needs and improved service access; and then we have followed the families for a number of years for long-term outcomes.

As of the end of that pilot, we had 9,000 families have been offered the Parent Support Outreach Program, and 51 percent plus had accepted the offer. This is really important to note that this is an extremely high acceptance rate for families who have no reason to trust the government system, child protection system, but they did. And I think the ability of our county and tribal partners to engage families is pretty significant to overcome this natural barrier, and it also says something about the desperateness of families who want help and want to be able to make things different for their family. So that's really high.

I did some research on: what's the likelihood of a family accepting the child welfare service on a cold call, and something in the 12 to 15 percent [range] would be considered good, and we're at 51 percent. So again, it says something about the needs of the family and their eagerness to try to make things different for them.

As you can see, a high percentage were female-headed families and most of those were mother only; the average number of children was 2.3 and the age was 5.7 years, so we were getting to younger families and younger children.

This is really important to note. If you look at that orange portion of the pie, the large portion, and then the tan piece next to that, that represents almost 75 percent of the families who had an income of less than $20 thousand, and 42 percent of the families had an income of less than $10 thousand. This is significant poverty. And at a minimum, we're looking at families of three and often larger. So our families were very poor.

They were also largely unemployed. Fulltime employment was only a little bit more than a quarter of the families, and then 21 percent were part time.

This is a comparison of the families who were in that set of families who were offered services. Those in the yellow column were families that did not accept services, and the green column were the families who did accept services. And this talks about the kind of past history of the families, whether they've been engaged in child welfare related services in the past, and in almost every category the families who accepted services had also in the past been involved in services from child welfare. I like to think of this as families self selecting based on need.

The families who hadn't had a pattern of needing before because they were able to manage, were less likely to accept services than the families who did need services. And that's who we want to get to, and the families self selected in that way, and that's another reason why it's important to engage in the families in this process. Because we learn from them, and the self selection process I think was important for us to learn.

This slide compares our Parent Support Outreach families which are in the blue, from those who were in our Family Assessment Response; those who were screened in for a formal response and got a Family Assessment Response. As you can see, the families who are screened out are poorer and less likely to have sufficient incomes than families being screened in for formal response. And now we know that they have low incomes, they're poorer than families that get screened in, they're more likely to be unemployed.

Again, we're comparing the Parent Support Outreach families from our screened in Family Assessment Response families. It shows that they're more likely to be unemployed.

This shows the level of education, and as you can see, it's not that they haven't attained an education level, and even in the high school GED they're more likely to have gotten a high school degree than families who get screened in, but yet they've not been able to convert that into steady employment and sufficient income.

This shows the age of our Parent Support Outreach program versus those of our Family Assessment. I think the important thing to notice is that the average age for the Parent Support Outreach program is younger than the average age for Family Assessment Response, so we are getting to families with younger children, which is one of our goals.

These are some of the issues addressed in those that need to see the amount of improvement in those areas. So the dark orange is the amount addressed. So family income was addressed in about two-thirds of all the families, and improved in about half of those families that it was addressed. And you can go down the line and see employment, mental health, parenting skills. These are the things that were common elements that were addressed. And again, because of the deep end poverty of the families, a lot of the work up front was done on basic needs.

And I can't enforce this more, either for our screened-in cases and for this 3rd track for screened-out families. A lot of what child protection is dealing with, as Caren noted, is with neglect. And largely what drives neglect is the lack of resources, and you have to address that first. And sometimes that's all you have to do. It's not something that's characteristically wrong with the family or with the parent, but it's simply that the system has not been able to provide the families with sufficient resources to mange in a healthy way. And this is our attempt to try to reach out to those families and help them make those connections, and a lot of them have to be upfront basic needs to be [met].

This talks about improvements. The work is at least one issue or problem in the proceeding list that is improved for families, and then 39 percent of the caregivers reported that families were somewhat better off, and 42 percent reported that they were much better off; so a total positive response of families regarding improvements was almost 80 percent. So most of the workers saw that most of the families made improvements in those areas that they wanted to address.

This shows you the contacts that were made, and you can see there's a huge variety. The mode is one to three visits, which was almost 45 percent, but you can see that almost 15 percent of the families had eleven or more contacts, which is indicative of some of the seriousness of the families that are involved in the Parent Support Outreach program. You can see similar patterns for telephone, collateral, and emails or letters.

This compares three different categories of families and whether they were satisfied with the service. So the first one in the AR control group is really families that were screened in to our child protection system and got a traditional investigation; and the next bar is those who were screened in and got a family assessment, and they tend to have better satisfaction outcomes indicated by families; and then the last bar is the Parent Support Outreach program, which is the highest by far of the three approaches to working with families. Which suggests to us that it's probably better for us not to wait until families reach that statutory threshold, that we should probably be providing services based on need, and that maybe our system focus on maltreatment is ill advised, and what we should be focusing on is risk, trauma, needs of families, and that will get at these families earlier, possibly with less trauma to the family and less trauma to the children.

These are the types of agencies that work with families, I'm just going to note the first one, mental health provider. We had 35 percent of all of our families self identified mental health problems as being one of the reasons why they were not able to manage safety for their children. Depression and other issues that made it difficult for them to manage. So beyond the basic need provision, all services were the primary services provided.

These are caregiver's responses: did the worker help you or another family member with any of the following services? I won't spend a lot of time on this, but note that some of the, again, the early services that families identify related to basic needs and to mental health issues, then employment issues, child care, etc.

This describes the appropriateness of services. Workers indicated that services were well-match for 48 percent; adequately matched for another 46 percent, so almost 95 percent had some high match or sufficient match to address issues. Families had kind of a similar pattern, maybe a little less strong, but because those patterns are similar, it's reinforcing that when you get the same response from families that you get from workers, you have a sense that the perceptions are matched and that they're valid.

These are participation rates; again, you'll see that families are more likely to participate in things that meet basic needs; and then later on there's a set of clinical issues that they begin to address.

Researchers put the services in constellations like poverty-related services, substance abuse, domestic violence, and counseling, educational, etc., so these are the service sets; and then next slide you can see when these services are provided, what outcomes they have. This didn't show up as well as I wanted it to. Some of the indicators of which of these lines meet are absent; but the bottom line, which is the deepest curve, means that these families came back the quickest into a subsequent report after like three years. And those are the families that have high needs, poverty-related needs, and did not receive services for them. And the top line is the line of families -- that kind of purplish line -- this line of families had high poverty-related needs, and

high services related to those poverty-related needs. So poor families getting services for poverty had the lowest recurrence rate; and poor families who got no services had the highest return rate on re-reporting, so that's important to note.

This is a little bit easier to read. Those families that had no substance abuse and no treatment had the least likely return for reports; and those that had substance abuse and no treatment had the highest return. So again, this is similar to the previous pattern: if you have high needs and those needs are treated, that you're much less likely to return than if they're not treated. This kind of validates the efficacy of resources to these families.

This is a really important slide. What this is trying to do is to scale the pilot counties that were involved. So that first bar represents counties that were not involved in the Parent Support Outreach Program. The next bar represents counties that had a fairly low investment, basically 1 early intervention program to every 10 child protection programs are families they took in; and then the next group was moderate, they had approximately 1 to 3.1 early intervention to 3 child protection cases taken in; and then the last group had as high as 1 to 1. And the high implementation group had almost a 10 percent reduction in subsequent child maltreatment reports over the life of the project. So that's pretty significant. So our interpretation is that the early intervention program had prevented subsequent maltreatment.

Since that time, since 2008 we've expanded the Parent Support Outreach funding -- not necessarily the number of counties, although some of the counties have changed -- we have 38 counties and 2 tribes that are implementing. We've invested 2.25 million dollars per year; counties and tribes add their own funding to that, so it's fairly significant for Minnesota.

You can see the list of counties, all of the seven metro counties are participating, and that represents approximately two-thirds of all the state reports come from the seven metro counties; and these counties and tribes, when you have the tribes all together and the counties all together, are over 70 percent of the neglect and abuse reports that we receive in Minnesota. So even though it's not an expansion in the number of counties, it's an expansion in the numbers served in those counties, and the counties serving a large number of families.

Since the evaluation we've been following whether the families improve in the strength and needs, and we can see that at least three-quarters of them have an improvement in at least one domain in the Strength and Needs Assessment. Two or more domains see improvement in about half of the families; and three or more domains see improvement in about a third of the families. So we're continuing to see what this investment, families that are improving their strength and needs so that they're better able to care for their children.

There is evaluation material available both at the state website, which is the DHS website that's noted there, and with the Institute of Applied Research, which is the first website on the bottom. If you click into either one of those, you can go to the Minnesota Parent Support Outreach program and get the full hundred-page evaluation and get the details in that.

So with that I know we're at the end of our time, sorry about that; I don't know if we can take a few calls or questions.

Elizabeth: [01:29:09] This is Elizabeth, I hope that we can. I know that we have a few questions on the line, so if our speakers are available for a few extra minutes that would be wonderful.

Carla Carpenter: I'm available.

Caren Kaplan: Yes, happy to stay on.

Elizabeth: Laurie, could you go ahead and open up the lines for questions, then.

Laurie, Operator: [01:29:28] Thank you so much. If you'd like to ask a question, please press Star then 1 on your phone. Please be sure to record just your first name only and your state; to withdraw your request, enter Star-2. Once again, for your questions, please press Star-1 and record your first name and your state. One moment.

Elizabeth: [01:29:45] While we're waiting for questions to queue up on the line, we do have a few that came in online as well. The first one is specifically for David: In addition to the family's desire to address their needs, what do you think are some of the other factors that contribute to the high acceptance rate of 51 percent. Is it the engagement skills of staff; is it a history with the department or with differential response; could you speak to that a little bit, please?

David: [01:30:12] Sure. I think prior to this, the engagement skills of the workers, we've invested significantly in Strength-based Training. So solution-focused therapy, mediation, family group decision-making -- all of those partner-based kinds of practice models that increase our worker's skills. And the more time they do this, the more creative and positive they are.

I think it's the possibility for getting some basic needs met at a time when the family is in crisis. And this is pretty surprising to me: in one of our similar programs that's been working with our TANF families, we thought that basic needs would be the number one thing identified by the families, then the families said the emotional support that they got from their social worker was the most important thing. That they weren't alone in addressing their concerns; that somebody cared about them and was interested in them. Which I think was a profound finding. That these families want to do something, they feel alone, they feel desperate, and they're ready to respond to a reach for help as long as it's done in a respectful way, and acknowledges that they want what's good for their families as well as what the agency wants for them.

Elizabeth: [01:31:23] Excellent, thank you. Laurie, do we have any questions on the line?

Laurie: There are no questions coming through. But as a reminder, to ask your questions it is Star then 1 on your phone.

Elizabeth: [01:31:37] Another online question, and it's not directed to a particular or specific speaker: Do you have any information on how many of the families in the DRAR models presented or are affected by substance abuse, mental health, or co-occurring disorders. David, I think you spoke to that a little bit.

David: [01:31:55] Right. I think you can go back to the website that we identified in both Ohio and Minnesota. Evaluation of Differential Response is in there, and both have good data about

substance abuse there. I do remember that something between 25 and 30 percent of the families in child protection in Minnesota in general have substance abuse issues. And I don't think that there's a significant difference between the investigative and family assessment tracks, so it's significant.

Carla: [01:32:29] And I would say our data in Ohio in terms of services provided to families matches up there closely with Minnesota's data as well.

Elizabeth: [01:32:41] Caren, did you have anything from the national perspective that you wanted to add?

Caren: [01:32:44] I am naturally basing a lot of what I know based on evaluations as well, so I was pleased that Dave identified the website. I think that there's quite of bit of information on the Institute for Applied Research website that allows people to look at service-specific information, and much more details about the families, should they want to have that information.

Elizabeth: [01:33:09] This question is for Carla. To what do you attribute the higher removals among control groups for screened-in families: their continued resistance orientation due to IR? or do you have some other factor that you attribute that to.

Carla: [01:33:23] The research is really attributed to the difference in our [unclear], between alternative response and traditional response. We have a lot of data evidence in terms of matching families with services; but we also have a lot of qualitative evidence in the field where workers would tell us throughout the course of the pilot that with AR-coded families saw less friends [ph], less fighting [ph], they were therefore more open, more willing to share information about what was really happening in the family and the underlying circumstances and concerns, and so we were able to do a better job in many cases of matching appropriate services to meet underlying needs and concerns with families, as well. So I really think the difference in the their codes [ph] contributes to those differences.

David: [01:34:20] I just want to add that I think this is one of the profound findings from the research, and that is workers were asked whether families were cooperative or not, and investigative workers said: We're less likely to say families were cooperative, and the longer they were involved with the investigative worker the more likely they were to be identified as uncooperative.

The Family Assessment workers were more likely to identify the families as cooperative, and the longer they were involved with them, the more cooperative they found the families to be.

I think it's important to note, because we identify family cooperation as one of the risk factors for families; and it appears that we and the way we respond to families sometimes creates a risk factor of uncooperativeness by the adversariness of our approach. And I realize that not all families can reached, but it clearly shows that for many of the families, their resistance would go down if we approached them in a strength-based, collaborative, safety-focused way, other than a fault-finding way.

With that, I actually have another appointment I have to go to, but my email address is listed on the PowerPoint, and people are welcome to email me and ask any additional questions they might have; for those of you who participated, thanks so much for listening in.

Elizabeth: [01:35:42] Okay, great; thank you, David. Carla, do you have time for one more question?

Carla: Sure.

Elizabeth: [01:35:47] The question we've received is: if you could talk a little bit more about the differences implementing DR-AR as a pilot, versus going statewide with it.

Carla: [01:35:57] Absolutely. I think one of the things we did really well in our pilot is pay careful attention throughout the process and document all of our lessons learned and then try to apply those lessons through statewide implementation. And so we've tried to build on the lessons we've learned with each round of implementation and make adjustments along the way; and one of the lessons that we learned during the pilot, our pilot counties had the opportunity, as I mentioned, to come together in that design workgroup for a whole year before they even implemented it. And then they were part of this pilot process, so they continued to meet through that 18-month pilot process and build connections with one another, and those connections were so important to their success.

When we started to expand statewide, we learned pretty quickly on from the counties in next two rounds -- our round 2 and round 3 counties -- that they weren't feeling as strong of a sense of connection to their other counties, and so that's one of the things we really tried to sure up as we expand statewide implementation.

So we've done things like add the orientation piece for the new counties to help facilitate those connections. We've continued with our quarterly in-person meetings, and added monthly conference calls for counties from all of the rounds of implementations, so new counties can learned from experienced counties, and experienced counties can also gain from the momentum of the new counties as they have that excitement with initial implementation.

So all that kind of cross-fertilization of ideas I think really helps with the statewide implementation process.

Elizabeth: [01:37:41] Excellent. Laurie, do we have any other questions on the line?

Laurie: [01:37:44] You do. This first question comes from Celeste of Washington state, your line is open.

Celeste: [01:37:49] Thank you. I was just wondering if any of the work is done is rascus [?] proportionality and working with families of color? Thank you.

Caren: [01:38:01] Carla, do you want to talk about what the Ohio work is?

Carla: [01:38:08] Caren, do you want to take this one first and then I'll talk about that?

Caren: [01:38:12] Well, one of the things- this is a very common question. There was a body of work that was done at the subset of the Ohio Evaluation... all of this, again, is on the website that Dave Thompson and I have referenced previously. So it's part of the evaluation. It's specific to Franklin County, which is the Columbus area that is having continued evaluation...

What was interesting is when there was an examination of the service provisions, there was-- race was used as a proxy for poverty because there was such an enormous relatedness or correlation between those who were impoverished and those who were people of color; and so there was-- again, I recognize that this is true just for this evaluation and the relatedness was done just for this evaluation. But the indication is that people of color benefited far more from the service provision that was provided, than -- the service provision was equal... excuse me, I forgot to say that piece first -- the service provision was equal, but the benefits accrued from the service provision was greater for people of color.

Carla: [01:39:34] I would just add to that, that as part of our extended evaluation, we had an interim report of findings, and those findings are continuing to hold as we follow these families over a longer period of time. So very encouraging outcomes that we didn't necessarily anticipate going into the evaluation process.

Caren: [01:39:56] If I could add just one general comment about service provision, one of the greatest learning that we've had -- and this is related both to the service provisions piece that Carla said, but specifically to David's delineation of services -- the predominant services that are availed first and foremost to each of the families is one related to poverty. So they're dealing with economic hardship. Whether that be transportation, clothes, food, day care -- any of those main services, because indeed, how can you avail yourself of a mental health evaluation or a substance abuse evaluation if you don't know where you're going to sleep at night.

Elizabeth: [01:40:46] Excellent. Thank you. Laurie, do we have other questions?

Laurie: [01:40:48] Yes, ma'am. And this question comes from Caroline of Nebraska, your line is open.

Question: [01:40:54] This is Geraline [sp?] from Nebraska, and I believe that Ms. Carpenter mentioned experiential learning opportunities, and I'm wondering at what stage did you do that. Was that prior to a pilot? Was it for worker and supervisors, and was it actual travel to that state to kind of get the mentoring experience and observation.

Carla: [01:41:17] At the state level we had the good fortune, with assistance from Casey Family Programs, to be able to travel to Minnesota prior to our pilot, which really helped inform a lot of our planning. And with counties here within our state, we have set up an alternative response experience learning framework to promote county-to-county face-to-face learning opportunities; and what I will say about that is it's been tremendous, with benefit to the counties at all stages of the implementation process.

So many of our counties who have not yet implemented, who are in the planning stages, have visited more experienced counties and have been able to have that same experience, that really helped inform their planning; but then we'll have counties that are more experienced counties that are looking to grow a particular area of their practice. So for example, they might want to

enhance their differential response implementation with adding in group case consultation, clinical case consultation models, so they'll visit another county that's more experienced in implementing that type of supervision and learn from that county.

So I think there are benefits across the spectrum of implementation, both for counties that are early-on or even prior to implementation; and then after implementation, depending on aspects of the practice that you're looking to grow or enhance. So we've tried to start that framework in our state to foster those opportunities for all of our counties.

Question: [01:42:44] And did you do that also at the supervisory level?

Carla: [01:42:48] Yes. And actually I should have specified that the types of experiences are widely varied and individualized. So we'll have workers form one county go shadow workers from another county. Or supervisors go shadow supervisors. Or administrative staff may even meet with administrators from other organizations, and again, it's about that parallel process piece.

Because really, in order to fully support the kind of practice shift that you want to see in the field, those pages have to be demonstrated all throughout your organization and your system.

Laurie: [01:43:27] This next question is from Stacy from Oregon, your line is open.

Stacy: [01:43:32] Okay, great. Thank you. One of the questions we've been getting a lot of from our field staff, as we're kind of looking at what our track assignments might look like, etc., is the time frames. And specifically for Ohio, since you guys are the most similar to ours as far as what our differential response system will look like, we're wondering what your time frames are as far as when does the investigative response need to be done, and how much time do you have to do the alternative response assessment.

Carla: [01:44:13] Sure. I can quickly kind of go through our timeframes. So in Ohio, if a report involves an emergency kind of circumstance, it has to be responded to within an hour. Where all non-emergency reports, they have to be initiated within 24 hours, whether it's alternative response or traditional response.

Now you'll need a little more flexibility on the alternative response pathway and how we initiative. So on the AR pathway we can initiate with a phone call, with a letter to the family, or with face-to-face contact with the family, or with a call to a collateral source who can tell us more information about the safety of the child. Those are kind of the four options for initiation, but it has to be done within that 24 hour period.

And then on the Alternative Response Pathway they have up to four working days to make initial face-to-face contact with the family and complete that initial assessment of safety. On the Traditional Pathway for comparison, it's 72 hours.

So with Alternative Response, then after that four-day period for the assessment of safety, then they have up to 45 days to complete their family assessment, which is that comprehensive at-risk assessment within 45 days. Comparatively on the Traditional Pathway it's 30 days, they can request with certain reasons an [unclear] day extension on that timeframe on the Traditional

Response pathway. So on AR pathway it's 45 days. And that's the set of up-front timeframes. Does that help?

Stacy: [01:45:53] It does, I appreciate that. That's exactly what I was looking for.

Carla: Okay, great.

Caren: [01:45:58] I would just like to add, I recognize that you were just asking about the specificity. But one of the things that Ohio went through a great deal as it developed its design, and therefore its procedures associated with its differential response system, is the alignment with the traditional response. And Carla articulated that there was a period of time in which that alignment did not exist, and it affects obviously how you staff around the state, and it affects also how you supervise around the state; so to the extent that you have two discreet systems of procedures, it can get very confusing for workers and supervisors, and difficult to differentiate if you're a worker and you're doing both types of cases.

Carla: [01:46:47] Thanks for adding that, Caren. And actually we are, as the leadership council continues to meet, they have made several recommendations for ways to further our aligning the timeframes on those two pathways. Those recommendations have not yet been implemented, but that is something we're taking a close look at.

Elizabeth: [01:47:09] I know we're running a little overtime; do we have time for maybe just one more question online?

Carla: Sure.

Elizabeth: [01:47:15] Okay. Laurie, do we have another question on the phone?

Laurie: I do not have any further questions in the queue at this time.

Elizabeth: [01:47:21] Okay, great. I just have one last one online, it's very practical, and it's for Caren. The map that you showed of states that are implementing DR in various ways, is that available someplace? And will you be able to update it at some point.

Caren: [01:47:37] Yes, I will be able to update it, but there is a joke about updating it, and I think those in the field can understand it, given that you're all probably in various stages, is as soon as it's updated something changes.

But in terms of availability, well, it's right on the PowerPoint, so they could download it from that. If somebody wants it specifically as an individual slide, I could just say email me, and my email information is on the PowerPoint and I can send it to them.

You need a particular type of software to update it. So in some respects I'm waiting for access to that; but it will be updated I assure you within the next couple of weeks.

Elizabeth: [01:48:16] Wonderful, thank you so much. I want to thank all of you for your participation in today's discussion, and a special thanks to Caren Kaplan, Carla Carpenter, and

David Thompson, who's had to sign off, for sharing their time and more than their time than they originally bargained for, to share their knowledge and advance in the discussion of today's topic.

Please visit the Children's Bureau Centennial Website at the address shown for more information on past and future webinars, as well as the slides from today's presentation and a recording of today's webinar.

Our next topical webinar will be in November, 2012, and is entitled "Friending your Clients on Facebook: A Social Meeting on Child Welfare." Registration information for this webinar will be made available on the centennial website at the address shown above.

Finally, I'd like to remind all of you to please complete the webinar evaluation that will appear on your computer as you log off of "go to webinar." These evaluations provide us with an important source of information for us as we continue to plan events in celebration of CB's centennial year.

Thank you again for your participation in today's program.

[End webinar.]