



Interim Report to the Legislature

Consideration of a Differential Response in Washington State's Child Protection System

Chapter 372, Laws of 2006, Section 202(18)

December 2006
Submitted March 2007

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Consideration of a Differential Response in Washington's Child Protection System

Executive Summary

Differential response (also called alternative response) systems have been established in states as part of an effort to decrease the adversarial nature of child protection investigations and to increase family engagement in service planning and service delivery. Overall, states have seen some success in their efforts to increase family engagement in services, but it has been difficult to separate the role played by the differential response system. Other efforts, including increased funding for services and training for staff in clinical skills that improve engagement, may also have played a role.

Outcome measures include variables that would be expected by separating lower risk situations from families with immediate safety threats to children. There tend to be fewer placements and less court involvement with cases diverted to an "assessment track." Assessment track families also received more in-home services and some states showed fewer subsequent reports of child maltreatment. There is general agreement that safety of children is not jeopardized with a differential response system.

The best studied and best funded differential response system is found in Minnesota. This state has also shown the best outcomes. Washington staff have visited Olmstead County in Minnesota, as well as interviewed staff from other counties in that state. In addition to their differential response system, Minnesota has placed heavy emphasis on engagement skill-building with their staff and on the provision of significant family services, including services for basic needs. This is a relatively small and very well-to-do county. Replicating their program in Washington would be difficult and may produce different outcomes without significant increases in funding for both staff and services.

Washington currently has a differential response system (ARS-WA). However, there have been difficulties with sufficient numbers of providers across the state, a low family engagement rate, and adequate program and service definitions. CA is working with providers through a contract review process to improve the program.

Washington has a number of initiatives currently underway with the goal of increased family engagement and improving services. These include:

- Developing a clinical model (also known as Practice Model) with training, tools and ongoing mentoring of staff to implement and sustain the model.
- Continuing implementation of family team decision making.
- Restructuring of service delivery to speed the delivery of in-home services and to separate service provision from the investigative functions.

- Developing a new management information system that will include assessment and case planning tools that reflect and support a clinical model to involve parents and youth in these processes.
- Responding to the federal Child and Family Services Review (PIP).
- Implementing the Braam settlement agreement.
- Implementing shorter response times for child protective service referrals.
- Meeting Council on Accreditation standards.
- Implementing ESSB 5992, child neglect legislation.
- Reviewing contracts to improve services.
- Increasing the time social workers spend with children and families.

Consideration of a Differential Response in Washington State's Child Protection System

The Children's Administration was asked to review and provide information to the Legislature concerning the implementation of a differential (also called alternative) response to child protective service (CPS) investigations in Washington State.

The purpose of this interim report is to:

- ✎ Provide an overview of how differential response systems are implemented in other states.
- ✎ Describe what we have learned from outcome reviews of other states' differential response systems.
- ✎ List policy issues that will require further stakeholder discussion.
- ✎ Identify issues specific to Washington.
- ✎ Describe pros and cons of implementing a differential response system in Washington at this time.
- ✎ Discuss next steps.

Differential Response Systems in Other States

Differential response systems (also called alternative, assessment, multi-track, or dual-track responses) were established as one part of states' efforts to decrease adversarial responses to child protective service investigations and to increase family engagement in services. With this approach, it is hoped that more families will partner with the state agency to improve family functioning, decreasing future child abuse or neglect.

All differential response systems divert some CPS referrals to social services staff that assess the families for safety, risk issues, and service needs. These are addressed by a family-centered approach. Families who are diverted to this assessment track are not subjects of findings concerning allegations of child abuse or neglect. Families not assigned to assessment tracks are assigned for CPS investigations.

A number of states have implemented differential response systems (Kentucky, Minnesota, Missouri, New Jersey, Oklahoma, Virginia, and Wyoming). The state that has been studied the most and is most often cited is Minnesota.

States differ in which families are assigned to assessment tracks at intake. Referrals tend to be those in which there is no allegation of serious injury or imminent harm to a child. Few states refer families to a differential response system when the only allegation is sexual abuse. In general, cases served by assessment tracks tend to have lower risks of serious harm to children and are more likely to have neglect or minor physical abuse as the only allegation.

Staffing patterns vary in differential response systems, especially in regard to employment of staff. Some states refer families assigned to assessment tracks to contracted providers, others refer to staff employed by the child protection agency, and others (including Minnesota) have a combined approach, sometimes even within the same office. Olmstead County Minnesota staff reported to visiting Children's Administration staff that, if contractors were used for alternative response interventions, it was critical to have constant and fluid communication. Olmstead County contractors were housed and supported in the County offices and were indistinguishable from Olmstead County staff.

Common Characteristics of Differential Response

While there are variations in the design and implementation of Alternative Response, the following are common characteristics of this approach.

- AR is provided to families that are the subject of an accepted report alleging child maltreatment.
- The decision to provide a traditional investigation or AR is made at initial screening, with a provision that the response can be changed based on risk and safety assessments.
- AR may be provided by community-based providers or public child welfare case workers. In some localities, these workers may conduct investigations; in others, these workers may be in different units from investigative workers.
- AR is not considered appropriate for cases that are likely to require court intervention, such as sexual abuse or severe physical harm to a child. Other restrictions may apply based on state statute or department policy.
- If an AR assessment is refused by a family, the agency may conduct an investigation. Post-assessment, if voluntary services are refused, the agency may close the case.
- A formal determination of whether the child has been abused is not required.
- Since abuse or neglect is not determined, caregivers are not labeled as perpetrators of child maltreatment and do not become part of the state's central registry of perpetrators.

Yuan, Ying-Ying T, PhD. Potential Policy Implications of Alternative Response. *Differential Response in Child Welfare. Protecting Children: A Professional Publication of American Humane.* Volume 20, Numbers 2&3, 2005.

When implementing the alternative response system in Minnesota (ARS-MN), the state embarked on a significant staff training effort on family engagement strategies. Their staff were trained on the Solution Focused Intervention approach. They also added to their already comparatively generous funding for child welfare services a large grant to help pay for additional services to families. Some of Minnesota's counties added to state funding to implement their alternative response system.

Outcomes from Differential Response Systems

While a number of states have reported better outcomes for families served through assessment tracks as compared to those served in investigative tracks, it

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is difficult to know how to interpret these results. Because children most at risk of serious harm are assigned to investigative tracks, any differences in outcomes could result solely from the presenting issues of the families rather than from the approach of the child protection agency. In addition, differential response systems have typically been implemented with staff training on family engagement and with increased access to services to meet family needs (both basic needs as well as counseling and treatment programs). Differences in outcomes could be the result of the improved clinical skills of staff, earlier and increased service delivery, and other policy and practice changes promoting a family-centered focus.

In general, the following outcomes have been seen:

- *Families served through a differential response system are more likely to receive in-home services.* This finding may demonstrate that a less adversarial approach, without the need to make findings, supports families engaging in service plans. This finding may also reflect that community services are more available to address the needs of families who are categorized by the child protection agency as being lower risk and without issues that immediately threaten children's safety. Finally, this finding may reflect that lower risk families in which immediate safety issues are not present are more amenable to engaging in services.
- *Children are less likely to experience a subsequent report of maltreatment or investigation. No state has reported that there is increased risk to children referred to a differential response.* There was one study done in Minnesota that showed comparable families referred to the alternative response system were less likely (27 percent) than investigation cases (30 percent) to be re-reported to the child welfare system. However, in other locations, this finding may reflect the diversion of lower risk cases to the differential response system and be influenced by the age of the children referred to assessment tracks who tend to be older and, therefore, have less time until the age of majority when reports are no longer received by the child protection system.
- In general (with the exception of Missouri), families assigned to assessment tracks tended to have fewer children placed in out-of-home care compared to children in the investigative tracks. Again, this could be the result of a more family-centered approach in the assessment track or the result of referring lower risk families to the assessment track. Missouri experienced an increase in placements of adolescents after implementing a differential response system.
- In all states, there was an increase in the percent of cases substantiated in the investigative track. Most assumed that the higher substantiation rate was the result of the concentration of sexual abuse and severe physical abuse cases in the investigative track and the elimination of cases from the investigative track that would not have been substantiated. However, a study from Missouri indicates that the concentration of staff on cases requiring investigation may improve their collaboration with law enforcement, attorneys, and medical experts resulting in improved investigations.

The Status of Washington's Current Alternative Response System

Washington is now referring low risk and moderate low-risk families to alternative interventions. Most families have been referred due to issues of neglect (72 percent). These interventions are provided either by contracted service providers who visit the family to inform them of the referral and offer appropriate services or by CPS with minimal contact informing the family of the referral and providing contact information if services are requested.

While the Alternative Response System (ARS-WA) appears to be working well in some areas, there have been a number of concerns raised:

- There is a problem with the availability of qualified contractors to provide services in some parts of the state.
- The percentage of families engaged in services by contracted providers is low. In the evaluation of Fiscal Year 2004 services, it was found that 68 percent of the referred families received a face-to-face contact. Services were offered to 70 percent of the referred families. Of these, 49 percent participated in services and 22 percent completed services.
- There is a lack of adequate program and service definition.

The Children's Administration is working with ARS-WA providers through a contracts review process to improve engagement of families in services. Specific improvements being discussed for implementation in early 2007 include:

- Implementation of a standardized family assessment tool.
- Development of a standard program model including program components and service standards.
- Development of performance measures.
- Introduction of evidence-based or promising practices, such as motivational interviewing, safe care, and family connections.

Policy Issues

Prior to implementation of a differential response system that involves families at moderate or high risk for abuse or neglect, there are a number of policy and operational issues that will need extensive discussion. These include:

- Which families will be referred to an assessment track/alternative response, including the following variables:
 - type of maltreatment
 - parental conditions (i.e., severe mental illness, substance abuse)
 - the presence of domestic violence
 - age of the child
 - previous findings of child maltreatment
 - previous service delivery through assessment track
 - referral source
 - law enforcement involvement

- How much discretion will intake staff have in making track assignment decisions?
- Will there be a difference in response time for assessment and investigative track cases?
- How will assessment track cases be staffed—state staff, contract staff? Would there be a differential in staff assignments for assessment; for service delivery? If so, how will we obtain and retain information from those interventions and how will we monitor quality of interventions?
- If assessment track cases are assigned to state staff, will they be different from the staff who investigate allegations? How will any model adjust to rural areas?
- What will occur if a family referred to the assessment track refuses services (i.e., will we close the case, refer to the investigative track, or make some other decision)?
- Will there be requirements for interviewing children and parents independently in the assessment track?
- What will be the requirements for safety and risk assessments in the assessment track?
- What will occur if a family served in the assessment track requires removal of a child or is determined to have significant safety issues present (i.e., will the family be referred to the investigative track or will the assessment workers be able to file petitions and provide court services)?
- Assuming that we do not have funding to support all the services needed by the families with whom we have contact, how will we prioritize families for services? Will families in the assessment track have a higher priority for services even though the families may have lower risk for abuse and neglect?
- How will we coordinate with community service providers on assessment track cases (i.e., will we keep the case open to monitor service delivery)?
- How will we respond to new CPS referrals on open assessment track cases?
- How will establishing a differential response system affect referrals on licensed and state regulated facilities?
- How will Family Reconciliation Services (FRS) and child welfare intakes, both voluntary programs, interface with a differential response system?
- How will we work out issues with the federal government so that assessment track cases are appropriately reviewed in the Child and Family Services Review?
- The passage of the Adam Walsh Child Protection Act requires states to maintain central registries of findings concerning abuse and neglect. The rules related to this Act are not yet published, and it is unknown how the Act will affect differential response systems. Once these rules are published, policy questions will result.

Current Washington Initiatives Which Include Elements from Successful Alternative Response Systems

Washington has current initiatives underway to improve family engagement, to better target and speed service delivery, and to improve the current alternative response system.

Initiatives to Improve Family Engagement

The Children's Administration has implemented Family Team Decision Making in most urban areas in our state. This initiative, with funding for facilitators provided by the Legislature, has enabled families to come together to participate in the building of the safety and service plans for children and families reported for abuse and neglect and for whom placement in out-of-home care is either imminent or has occurred.

The Children's Administration is also developing a practice model to focus on building clinical skills that will engage families in assessment and case planning, regardless of the allegation or level of risk. We believe that all families can benefit from improved and consistent clinical skills of our staff with a focus on techniques to better engage families. Other states that have worked toward improved engagement have used Solution Focused Interventions as the basis of their clinical models. Children's Administration staff visited Minnesota to view their implementation of Solution Focused Interventions. Another clinical model, originating in Kentucky, is Solution Based Casework. In this model, Solution Focused Interventions are combined with relapse prevention techniques and family life cycle development to target interventions to best meet the developmental needs of the child. In September 2006, Dr. Dana Christensen trained 35 Children's Administration staff on the implementation of Solution Based Casework (a model the federal government is currently supporting). We will continue to build our knowledge of this clinical model and will work with other jurisdictions (including Michigan and several California counties) to learn how best to approach family engagement in Washington. We will also work with Children's Administration staff, tribes and stakeholders to develop effective implementation strategies.

Initiatives to Better Target and Speed Service Delivery

Children's Administration is reorganizing child protection and welfare staff to separate investigation from ongoing service delivery. The purpose of this reorganization is to allow better concentration on the quality of investigations while, at the same time, connecting families to staff who further assess their needs, develop with the family a service plan to address those needs, and work with the family to assess progress with the service plan. Families will be assigned a service worker within seventy-two hours of the identified need for a service plan.

With the quicker response by CPS investigators to referrals of child abuse and neglect and with a concentration on quicker service delivery, we are working with families while the crisis is still fresh and they are more likely to partner with us to

address family needs. In addition, the Practice Model Development Team will investigate best practices in front-loading service delivery.

Current Washington Initiatives		
Components of a Differential Response System	How Washington is Implementing These Components	Issues
Family Engagement	<p>Implementing a Practice Model. The Practice Model team is reviewing Solution Focused Interventions and Solution Based Casework, two models of intervention that focus on family engagement in assessment, service planning, and successful participation in services.</p> <p>Developing a standard family assessment tool to be used by CA staff in service delivery.</p> <p>Implementing the CPS/CWS Redesign. The redesign includes a separation of CPS investigation from ongoing services, the introduction of a voluntary services track, and the assignment of an ongoing services worker to families within 72 hours of identifying the need for services.</p> <p>Implementing the Family Team Decision Making program.</p> <p>Requiring FRS, FPS, and IFPS providers to use standard family assessment tools and to participate in motivational interviewing training.</p>	Integrating this clinical model will require staff training and ongoing coaching and mentoring.
Findings	Working to improve the consistency of findings and to better document for families why findings are made. This will be integrated into the design of the new SACWIS system.	Although a differential response system does not require findings on some referrals, the referrals that involve imminent risk of serious harm do require findings in most states.
Provision of Services	<p>Implementing evidence-based programs to increase the array of services available to children and families</p> <p>The CPS/CWS Redesign will enable earlier engagement of families in services.</p>	Washington receives fewer funds to provide services than states that have implemented differential response systems.

Pros and Cons of Implementing a Differential Response System in Washington

The following is a list of benefits and concerns based on the research in other states as well as current conditions in Washington.

The following *benefits* are likely to be gained through implementation of a differential response in Washington:

- In the assessment track, the social worker can concentrate on the family assessment and case plan, rather than on the outcome of an investigation. Families may be more likely to engage in our assessment and case planning process if they are not concerned about a finding of abuse or neglect.
- If the investigative track is reserved for allegations of more serious child maltreatment, findings are likely to become more consistent as the issue of imminent harm/clear and present danger will be clearer for investigative track cases.
- It may be possible to decrease the time spent in gathering information on assessment track families (i.e., medical and school reports, collaterals with neighbors and friends, detailed interviews with alleged victims and subjects) and spend more time working with the family to resolve the issues that brought them to the attention of the agency, including engaging them in community resources.
- Intake staff spend time determining which program is most appropriate for families referred or self-referring for services. If CWS and FRS intakes were included in the assessment track, this would no longer be an issue for intake, families would receive a face-to-face contact more quickly, and families would be more likely to receive appropriate services more quickly while still being appropriately assessed for safety and risk issues.
- For families who are chronically referred, but where the abuse or neglect does not reach the level of clear and present danger or imminent harm, our repeat interactions could be structured to be more therapeutic and motivational in nature, rather than simply investigatory.
- For families where we open an investigation now, but where there is no allegation of abuse or neglect, a differential response system may allow us to approach those families more appropriately (e.g., cases in which parents' conditions prohibit safe care of an infant, cases with a sex offender in the home and no allegation, cases with very young sexually aggressors who cannot be prosecuted).

The following *concerns* are raised for both immediate and long-term implementation of a differential response in Washington:

- Currently, the Children's Administration is involved in a number of change initiatives including developing and implementing a new management information system, development and implementation of a Practice Model, reorganization of staff to provide improved CPS and CWS services, and

implementation of the neglect legislation expanding services to chronically neglecting families (ESSB 5992). In addition, the agency is responding to the Braam lawsuit settlement agreement and the federal Program Improvement Plan resulting from the last Child and Family Services Review. This would be another major change initiative further stretching the organization's capacity to respond. In order to succeed in change, the total agenda must be staged and doable.

- Through the Practice Model, the Children's Administration has committed to training and coaching all social workers to support the clinical skills needed to better engage clients. These skills are needed by all staff to improve family engagement, regardless of the track to which clients are referred. In a differential response model, a risk exists that family engagement is seen as the responsibility of the assessment track staff only or, conversely, that safety is seen as the responsibility of investigating staff only. The strongest approach requires all social work staff to be skilled in engaging families and assessing safety risks.
- In an independent evaluation of the differential response system with the best outcomes (Minnesota), it was reported that these outcomes could be achieved only if appropriate services and funds to support basic needs of families were immediately available. Minnesota state funding for child welfare is sixth in the nation (\$454 per child in the population), compared to Washington at 27th (\$291 per child in the population). Many Minnesota counties contribute to the child welfare funding provided by the state. Finally, the evaluation credited a significant grant to the state to provide funds for basic living needs as critical in engaging families.

Washington does not receive the funding that Minnesota receives for its child welfare program. As such, we would need to prioritize services and are unlikely to respond to families in the assessment track with immediate services to meet their basic living needs. If Washington prioritizes services for the most at-risk children, the families in the assessment track as lower risk families will receive fewer services paid by the Department. Funding would affect the outcomes of the differential response in Washington.

- Through the CPS/CWS staff reorganization and the implementation of ESSB 5992, changing the definition of neglect, we have increased the specialization of our CPS and service delivery staff. In many areas state, there are staff who specialize in serving families who are protected by the Indian Child Welfare Act or the Tribal/State Agreement. Some offices have staff who specialize by type of maltreatment (i.e., sexual abuse and severe physical abuse cases). The implementation of a differential response system would require further specialization of staff and additional categorization of families.
- With no findings on some cases involving child maltreatment, agencies serving vulnerable adults and children will not learn of CPS concerns with persons applying to be employed or licensed.

- The design of the SACWIS system would need to be revised to support assessment and investigative tracks. Needed changes to the current system are not possible.

Next Steps for the Children's Administration

The Children's Administration, through the Practice Model development, is reviewing a number of areas in which improvements are needed to support better engagement of families:

- Selection of a clinical model to support the engagement skills of all social workers with parents and children involved with our agency.
- Training and coaching to support the clinical skills needed by social workers to support better client outcomes.
- Involvement of relatives and fictive kin to better support families and children in out-of-home care.
- Assessment and case planning tools that reflect and support a clinical model to involve parents and youth in these processes (which will be included in the new SACWIS system).
- Methods to respond to adolescents referred to the agency with overlapping issues of child abuse and neglect, family conflict, and requests for out-of-home placement.

The intent of each of these reviews is to determine ways to better engage families and youth in services. Many of the recommendations will be implemented through policy changes. Others may require legislative and/or WAC changes.

In addition, other efforts are underway to improve the Children's Administration's service delivery. These include our response to the federal Child and Family Services Review, the Braam settlement agreement, shorter response times for child protection referrals, meeting Council on Accreditation standards, the CPS/CWS Redesign, implementing ESSB 5992, changing the definition of neglect, the contract review process, and increasing the time social workers spend with children and families.

A new web-based management information system (SACWIS) will be implemented in Washington, with design and training a focus in the next two years. New assessment and case planning tools will be incorporated in the SACWIS to support and reflect the engagement of families in service and safety planning.

Children's Administration also will work on improving the existing alternative response capability for cases in which the allegations do not meet the standard required for substantiation (low and moderately low risk referrals of child maltreatment). With providers, the Children's Administration will review expectations for engagement, assessments, communication, documentation, and service delivery.

After publication of rules concerning the Adam Walsh Child Protection Act and the implementation of the current Children's Administration reform efforts, the Children's Administration will review improvements and re-visit the implementation of a differential response system in Washington. At that time, Washington will be in a much better position to implement a new reform and to combine its current initiatives with a differential response system to result in improved outcomes for children and families. In the interim, the Children's Administration will continue to learn from other states in their efforts to better engage families, including their implementation of differential response systems.

References

- Berg, Insoo (1994). *Family Based Services*. New York: W. W. Norton & Company, Inc.
- Berg, Insoo Kim and Kelly, Susan (2000). *Building Solutions in Child Protective Services*. New York: W.W. Norton & Company, Inc.
- Berg, Insoo Kim. *Engagement: Solution Building Concepts & Skills*. San Luis Obispo Department of Social Services.
- Branford, Carol; Brummel, Sherry C; Clark Timothy K; Filatova, Natalia; and Skinner, Jolene (April 2005). *Alternative Response Systems Program: Progress Report July 1, 2003 – June 30, 2004*. Office of Children's Administration Research.
- Christensen, Dana N; Todahl, Jeffrey; Barrett, William C (1999). *Solution-Based Casework: An Introduction to Clinical and Case Management Skills in Casework Practice*. New York: Aldine De Gruyter.
- Connolly, Marie (2005). Differential responses in child care and protection: Innovative approaches in family-centered practice. *Protecting Children* Volume 20 (2 and 3), 8.
- English, Diana J (February 2004). *A Description of Washington State's Children's Administration Current CPS Decision-Making Processes, National and Washington Specific Research Findings*. Office of Children's Administration Research.
- Johnson, Carole; Sutton, Erin Sullivan; and Thompson, David M (2005). Child welfare reform in Minnesota. *Protecting Children* Volume 20 (2 and 3), 55.
- Loman, L Anthony (May 2005). Differential response improves traditional investigations: Criminal arrests for severe physical and sexual abuse. St. Louis, MO: Institute of Applied Research.
<http://www.iarstl.org/papers/DiffRespAndInvestigations.pdf>.
- Loman, L Anthony and Siegel, Gary L (February 2004). Differential response in Missouri after five years. St. Louis, MO: Institute of Applied Research.
<http://www.iarstl.org/papers/MODiffResp2004a.pdf>.
- Loman, L Anthony and Siegel, Gary L (November 2004). *Minnesota alternative response evaluation: Final Report*. St. Louis, MO: Institute of Applied Research.
<http://www.iarstl.org/papers/ARFinalEvaluationReport.pdf>.
- Sawyer, Robert and Lohrback, Suzanne (2005). Differential response in child protection: Selecting a pathway. *Protecting Children* Volume 20 (2 and 3), 44.

Schene, Patricia (2005). The emergency of differential response. *Protecting Children* Volume 20 (2 and 3), 4.

Shusterman, Gila R; Fluke, John D; Hollinshead, Dana M; and Yuan, Ying-Ying T (2005). Alternative responses to child maltreatment: Findings from NCANDS. *Protecting Children* Volume 20 (2 and 3), 32.

Yuan, Ying-Ying T (2005). Potential policy implications of alternative response. *Protecting Children* Volume 20 (2 and 3), 22.