



Report to the Legislature

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

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Executive Summary

Differential response systems (also called alternative response or assessment track) 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 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 in a system that separates lower risk families from families with immediate safety threats to children. In families served by a differential response system, there tend to be fewer placements and less court involvement with families diverted to an "assessment track." Assessment track families also received more in-home services, including funding for concrete needs. 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 many areas of 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 an alternate intervention program for some low-risk and moderately low-risk CPS referrals which is provided through contracted service providers and was previously named Alternative Response Services. Children's Administration is working with providers to redesign and improve Washington's alternate intervention program, which is now called Early Family Support Services (EFSS). The redesign includes the use of a new assessment tool, service standards, the implementation of promising or evidenced based programs, and new training requirements. The initial phase of redesign was implemented in January 2008. The initial phase includes use of a standardized assessment tool, quicker response times for contacting and meeting families, and a focus on family engagement. The use of promising and evidenced based programs will begin in early 2008.

In addition to the changes being made in the current alternate intervention program, the Children's Administration has a number of initiatives underway with the goal of increased family engagement and improving services. These include:

- Adopting Solution Based Casework as the practice model in the Children's Administration, which includes training for social workers and administrators, tool development to support the clinical practice, and ongoing mentoring of staff and supervisors to implement and sustain the model.
- Replacing the current risk assessment system with Structured Decision Making (SDM). SDM has been shown to have better validity and reliability in identifying families at higher risk for repeat maltreatment of children. With better identification of risk levels, services can be targeted to the highest risk families.
- Expanding the implementation of Family Team Decision-Making Meetings.
- Restructuring of service delivery to speed the delivery of in-home services and to separate service provision from the investigative functions (CPS/CWS Redesign).
- Developing a new management information system (FamLink) that will include assessment and case planning tools supporting Solution Based Casework.
- Meeting Council on Accreditation standards.
- Implementing ESSB 5922, child neglect legislation.
- Reviewing contracts to improve services, including expecting service providers to deliver evidenced-based programs where available.
- Increasing the time social workers spend with children and families.
- Changing the method of child protection findings from a three-tiered to a two-tiered system.

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

The purpose of this 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.
- ✦ Identify issues specific to Washington.
- ✦ Describe pros and cons of implementing a differential response system in Washington.
- ✦ Discuss next steps.

Differential Response Systems in Other States

Differential response systems (also called alternative, assessment track, 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). All of these states have implemented differential response systems statewide, though some regional or county variations are not uncommon. 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 (AR), 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 was 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 is difficult to know how to interpret these results. Since 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 Alternate Intervention Program

Washington has an alternate intervention program for low risk and moderate low-risk families referred to Children's Administration (CA). Where available, CA Intake can refer the family to a contracted alternate intervention, called Early Family Support Services (EFSS). If there is no provider available, CA sends a letter informing the family of local resources that may assist with services.

Historically, the contracted alternate intervention program in Washington has not achieved ideal outcomes and has had some program design weaknesses. There has been a lack of adequate program and service definition, and engagement rates of families in services have been an issue. 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 those referred, 32 percent participated in services and 15 percent completed services. Appendix A shows the location of contracted providers.

Exact comparisons to other states are not possible because of the differences in families referred to the alternative response programs, the differences in reporting data, and that families who did not receive services were referred back to the "traditional" CPS tract. Missouri reported 84 percent of families received in-home services. New Jersey reported 73 percent of families received in-home services and 5 percent had children placed in out-of-home care. Minnesota reported 54 percent of families received services.

In 2006, CA initiated a program redesign of the alternate intervention program with the following goals to improve services:

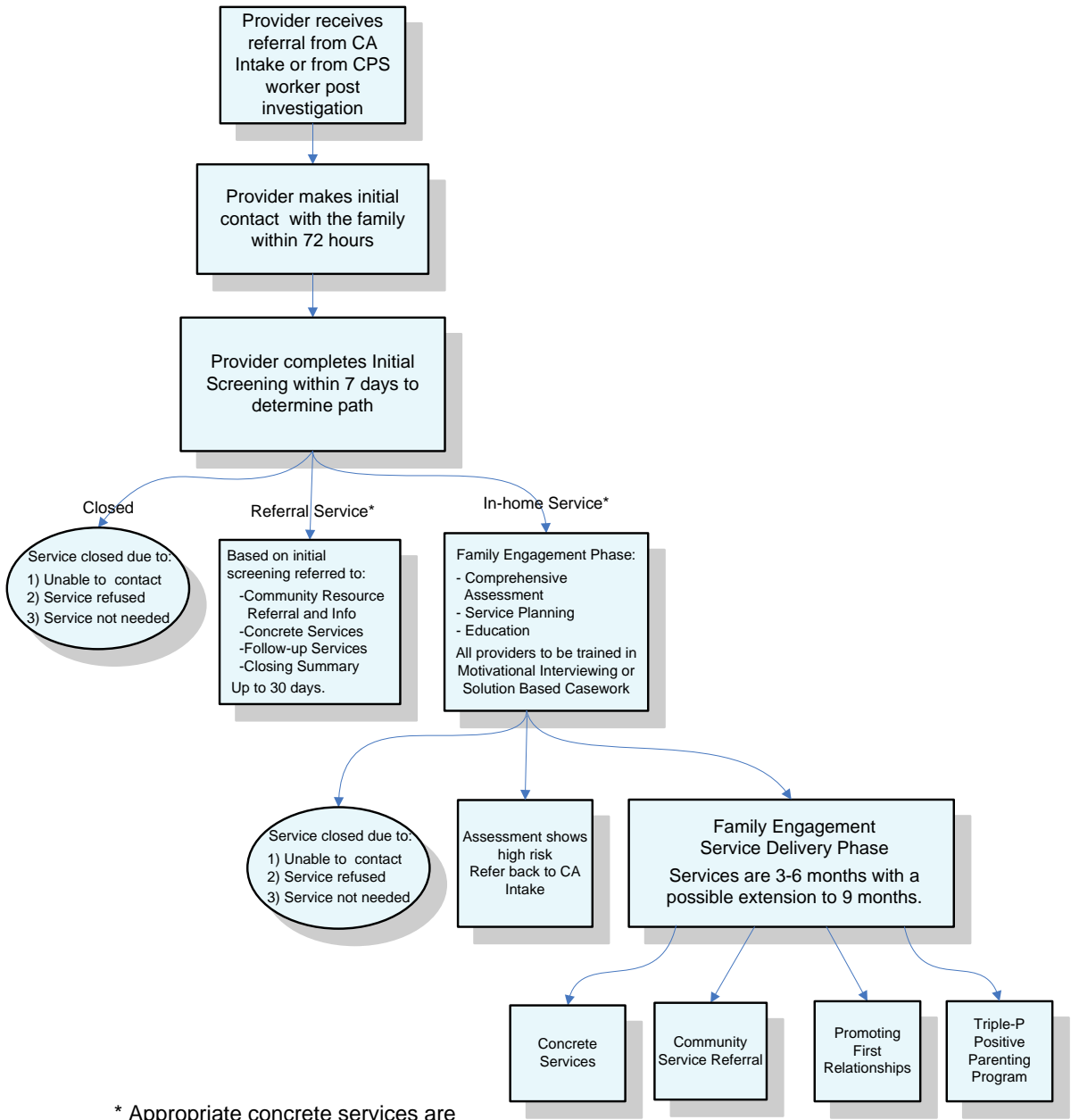
- Implement a standard assessment tool;
- Develop service delivery standards; and
- Integrate Promising or Evidence Based Programs.

In January 2008, service providers began to initiate many of the changes. The new program includes:

- Improved communication between EFSS providers and the Children's Administration concerning client needs, interventions, and outcomes;
- Increased response times to referred families, moving from the current expectation of ten days to initial contact with the family at 72 hours;
- Implementation of evidenced based programs and promising practices including Promoting First Relationships and Triple P – Positive Parenting Program;
- Required Motivational Interviewing training for all EFSS providers;
- Increased emphasis on client engagement in services; and
- Implementation of a standardized family assessment tool, the Omaha System, which allows tracking and documentation of client outcomes.

The new alternate intervention program is called Early Family Support Services and has the following components:

Early Family Support Services (EFSS)



* Appropriate concrete services are available throughout the service delivery.

Current Washington Initiatives Which Include Elements from Successful Alternative Response Systems

In addition to improving the effectiveness of contracted alternate intervention services through the change to Early Family Support Services, the Children's Administration has other initiatives underway to improve family engagement and to better target and speed service delivery.

Initiatives to Improve Family Engagement

Family Team Decision-Making Meetings (FTDM) are held whenever a placement decision needs to be made. The meetings are attended by the parents, the child (unless inappropriate), relatives, friends, neighbors, community members, tribal members, service providers, caregivers, social workers, supervisors and the Guardian Ad Litem (GAL) if assigned. Teams work together to address safety concerns and to create a network of support for the child and the adults who care for the child. FTDMs are currently available in 33 offices in the state and will be expanding to additional offices as resources allow. Research on FTDMs is showing:

- FTDMs result in more children placed with relatives;
- FTDMs result in a shortening of the length of stay for children placed with relatives;
- FTDMs appear to increase placement stability and prevent placement moves; and
- FTDMs lead to more reunifications with birth families.

The Children's Administration (CA) is developing a practice model to focus on building social workers' clinical skills that will better 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. CA has adopted a practice called Solution Based Casework. In this model, solution focused interviewing skills are combined with relapse prevention techniques and family life cycle development. In November 2007, Dr. Dana Christensen, the model developer, provided a curriculum and training to CA staff on Solution Based Casework. The staff trained will continue to build their knowledge through visits to other jurisdictions employing successful engagement models. Those staff will then train social workers and supervisors on Solution Based Casework and will accompany social workers in field visits to coach the skills learned in the classroom. Tools in FamLink, training for managers, and clinical consultation for supervisors will be introduced to integrate and support Solution Based Casework.

Initiatives to Better Target and Speed Service Delivery

Children's Administration has recently reorganized child protection and child 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 quickly with staff who further assess their needs, develop a service plan with the family to address those needs, and work with the family to assess progress with the service plan. Families will be assigned a service worker within 72 hours of the identified need for services.

With the quicker response by CPS investigators to referrals of child abuse and neglect and with a concentration on more immediate 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.

Children’s Administration also adopted a new risk assessment tool, Structured Decision Making. This tool has been shown to have increased validity and reliability in assessing families for risk of future maltreatment. With better risk assessment, services can be targeted to those families most at risk of recurrence of child maltreatment, where those services are likely to have the greatest impact.

Current Washington Initiatives

Components of a Differential Response System	How Washington is Implementing These Components	Issues
Family Engagement	<p>Implementing the Child Protective Service and Child and Family Welfare Service redesign (CPS/CWS Redesign) will enable earlier engagement of families in services. 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>Expanding Family Team Decision-Making Meetings.</p> <p>Implementing the practice model of Solution Based Casework, a model of intervention that focuses 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>Redesigning Alternative Response Services and Intensive Family Preservation Services which will include standard family assessment tools and motivational interviewing training.</p> <p>Requiring Family Reconciliation Service and Family Preservation providers to use standard family assessment tools and to participate in motivational interviewing training.</p>	<p>There are a number of changes happening at once to improve family engagement in services. The volume of changes affects the ability of the Children’s Administration to implement changes and the ability of staff to incorporate those changes into practice.</p> <p>Integrating the practice model will require staff training and ongoing coaching and mentoring. Staff has been provided to the Children’s Administration to implement the model, but the level of staffing will not allow for a quick implementation.</p>

Components of a Differential Response System	How Washington is Implementing These Components	Issues
No Findings Are Made on Referrals Sent to Differential Response	No findings are made on cases referred for alternate intervention (EFSS).	<p>The current system requires findings on referrals that involve imminent risk of serious harm, even if they are referred to alternate intervention, but this will be changed in FamLink.</p> <p>Washington is also changing from a three-tiered to a two-tiered findings system, which will be integrated into the design of FamLink.</p>
Provision of Services	<p>The CPS/CWS redesign will enable families to receive services earlier.</p> <p>The implementation of Structured Decision Making will better prioritize families for services through more accurate risk assessment.</p> <p>The neglect legislation increased funding to provide additional services to families. There was an emphasis on implementing additional evidence-based programs to increase the array of effective services available to children and families.</p> <p>CA families who are not eligible for Medicaid can now access mental health and substance abuse assessments and treatment.</p>	<p>In 2004, the last year national comparison data is available, Washington received fewer funds per child to provide services than states that had implemented differential response systems and shown positive outcomes.</p> <p>With the increase in Washington's service dollars through the neglect legislation and other service increases, the comparison with other states is currently unknown.</p>

Pros and Cons of Implementing a Differential Response System in Washington State

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

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

- In a differential response or 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 the assessment and case planning process if they are not concerned about a finding of abuse or neglect. It may be possible for social workers to 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.
- If the investigative track is reserved for allegations of more serious child maltreatment, findings may become more consistent as the issue of imminent harm/clear and present danger will be clearer for investigative track cases.
- 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, repeat agency interventions could be structured to be more therapeutic and motivational in nature, rather than investigatory. This is a goal of Solution Based Casework.
- For families where CA currently conducts an investigation, but where there is no allegation of abuse or neglect, a differential response system may allow an approach for those families that focuses on services rather than on investigation (e.g., families in which parents' conditions prohibit safe care of an infant, families with a sex offender in the home and no allegation of sexual abuse, and families with very young sexual aggressors who cannot be prosecuted).

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

- The Children's Administration already refers families considered to be low or moderately low risk to an alternate intervention. The research is not clear that referring moderate risk families to a differential response system will improve outcomes as many states limit those families referred to differential response programs to those who are low risk for recurrence of serious harm to children.
- Currently, the Children's Administration is involved in a number of change initiatives including developing and implementing a new management information system (FamLink), development and implementation of Solution Based Casework, reorganization of staff to provide improved CPS and CFWS services, implementation of the neglect legislation expanding services to chronically neglecting families (ESSB 5922), and changes to the system of making findings in child abuse and neglect investigations. In addition, the agency is responding to the Braam lawsuit settlement, continuing efforts to become accredited and maintain accreditation, preparing for the next Child and Family Services Review, and implementing a number of other legislative changes. Increasing the type or number of families referred to alternate intervention would be another major change initiative, requiring significant efforts to

revise policy and change practice. This would further stretch the organization's capacity for change. In order to succeed in change, the total agenda must be staged and doable.

- 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 engagement for all families served. 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 CPS investigating staff only. The strongest approach requires all social work staff to be skilled in engaging families and assessing safety and risk factors.
- 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. Based on 2004 funding reports, 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.

In 2004, Washington did not receive the funding that Minnesota received for its child welfare program. Washington received significant increases in service dollars in 2006 and 2007; however, it does not appear that Washington's services yet reach the level of services available in Minnesota. 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 (lower risk families) will receive fewer services paid by the Department. Funding would affect the outcomes of an expanded differential response in Washington.

- Through the CPS/CWS staff reorganization and the implementation of ESSB 5922, changing the definition of neglect, Washington has increased the specialization of CPS and service delivery staff. In many areas of the state, there are staff that specialize in serving families who are protected by the Indian Child Welfare Act or the Tribal/State Agreement. Some offices have staff that specialize by type of maltreatment (i.e., sexual abuse and severe physical abuse cases). The implementation of a non-contracted 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 FamLink would require significant revision to support assessment and investigative tracks. Because this is not in the original requirements and design is currently underway, changes would need to be postponed to later releases of FamLink and will require additional funding.

Next Steps for the Children's Administration

The Children's Administration will continue its efforts to improve family engagement and the effectiveness of services provided through our programs. As has been reported here, these efforts are significant and require considerable effort for CA social workers including training, practicing new skills, and learning new tools. Program managers are occupied with development of these new programs and their implementation. Adding additional initiatives to that list will divert attention from these changes.

The Children's Administration recommends that the improvements begun in the alternate intervention redesign continue until fully implemented so that CA can enhance services and improve outcomes to children and families. As the Children's Administration implements FamLink, data will be available concerning the outcomes of families with contracted providers. If additional funds become available, a more detailed evaluation will be possible to determine engagement rates, services provided, client satisfaction and outcomes. Washington will then have better information to help in the decision to change or expand its differential response to CPS.

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Appendix A - Location of Contracted Providers

