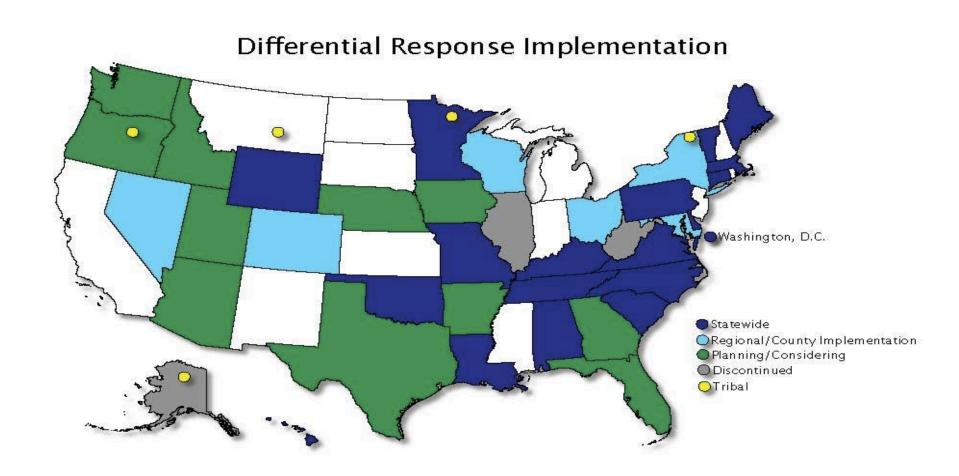
Differential Response

John Fluke and Lisa Merkel-Holguin, Kempe Center Ying-Ying Yuan, WRMA

Tamara Fuller, Children and Family Research Center, University of Illinois

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Status of Implementation in US



Required elements of sites for DR implementation

- 1. Target: screened-in cases
- 2. Clear criteria for assigning to AR/IR
- 3. Assignment can be changed (AR to IR)
- 4. If assigned to AR, families can choose IR



- 5. Some choice in accepting services for AR families
- 6. Guiding statute/policy for AR and IR
- 7. No findings on maltreatment allegations for AR
- 8. Since AR does not identify perpetrators, no caregivers are entered into the State Central Registry

Terminology

- DR—Differential response CPS system
 - More than 1 response option to screened-in referrals
 - May also have a unique response for screened-out reports
- AR—Alternative response, describes the non-investigatory pathway where assessment is conducted but a determination (finding) of maltreatment is not considered
- IR—Investigation response, describes the pathway where assessment is conducted and a determination (finding) is made of whether or not maltreatment occurred

Two Track System: Types of Reports by Pathway

Investigation Response

- Suspicious child death or homicide
- Sexual abuse
- Severe physical harm
- Reports involving childcare providers, teachers, etc.

Alternative Response

- Lack of supervision
- Medical neglect
- Poor living conditions
- Educational neglect
- Drugs and alcohol

SUMMARY OF RESEARCH TO DATE: WHAT DO WE KNOW?

First Generation of DR Research

Experimental Designs

- Minnesota (IAR, 2004)
- Ohio (IAR, 2010 and 2013)
- New York (New York State, 2011)
- Illinois (University of Illinois Urbana Champaign, 2014)
- Colorado (Colorado State University, 2014)
- Ohio (Round 2 counties, Human Services Research Institute, 2014)
- WRMA and Kempe Center (QIC-DR Cross-site evaluation, 2014)

Quasi-Experimental

- Missouri (IAR, 1997)
- Nevada (IAR, 2011)

Key Indicators in Previous Evaluations

• Engagement

- Parent Emotional Response
- Parent satisfaction with caseworker
- Parent satisfaction with services
- Worker ratings of parent cooperation

Service

- Amount of Services Received
- Types of Services Received
- Perception of Service Effectiveness

Safety

- Screened in ReReferral
- Foster Care Placement

• Cost



Engagement: Parent Positive Emotional Response

MN	ОН	NV	NY	CO	IL	ОН	QIC-DR cross site		
2004	2010	2010	2011	2014	2014	2014	2014 (2014 (measured at	
							firs	t meeti	ng)
							CO IL OH		ОН
AR ↑	AR ↑	<u>—</u>	ND	ND	AR ↑		ND	AR↑	AR↑

Engagement: Parent Negative Emotional Response

MN	ОН	NV	NY	CO	IL	ОН	QIC-DR cross site		ss site
2004	2010	2010	2011	2014	2014	2014		2014	
							СО	IL	ОН
IR ↑	IR†		IR ↑	IR ↑	IR ↑		ND	ND	ND

Engagement: Parent Satisfaction with Caseworker

MN	ОН	NV	NY	CO	IL	ОН	QIC-DR cross site		ss site
2004	2010	2010	2011	2014	2014	2014		2014	
							СО	IL	ОН
AR ↑	AR ↑		AR ↑	AR ↑	AR ↑	ND	ND	AR ↑	ND

Engagement: Parent Satisfaction with Services Received

MO 1997	MN 2004	OH 2010	NY 2011	CO 2014	IL 2014	OH 2014	QIC-DR cross site 201 (measure was help received from caseworker)		help om
							СО	IL	ОН
AR 个	AR 个	AR ↑			AR 个	ND	ND	AR 个	ND

Engagement: Worker ratings of parent cooperation

MN	ОН	NY	CO	IL	ОН	QIC-DR cross site			
2004	2010	2011	2014	2014	2014	2014			
						СО	IL	ОН	
AR ↑	AR ↑			IR ↑		IR ↑	IR ↑	IR ↑	

Services: At Least One Service Received

MN 2004	NV 2010	NY 2011	CO 2014	IL 2014	OH 2014	QIC-D	R cross si	te 2014
						СО	IL	ОН
AR ↑	AR ↑	AR ↑	ND	AR†	AR†	AR ↑	AR ↑	AR ↑

Services: Types Received per Caseworker Report

	MN 2004	OH 2010	NV 2010	NY 2011	OH 2013	CO 2014	IL 2014	OH 2014	QIC-	DR cros 2014	ss site
									CO	IL	ОН
Basic needs	AR ↑	AR ↑	AR ↑	_	AR ↑	_	AR↑		AR ↑	AR ↑	AR ↑
Sub. Abuse Tx	ND		IR ↑				IR ↑	ND		IR ↑	

Safety: Screened-in Re-referrals

MN 2004	OH 2010	NV 2010	NY 2011	OH 2013	CO 2014	IL 2014	OH 2014	QIC-D	R cross s	ite 2014
								СО	IL	ОН
IR↑	IR↑	IR†	ND	ND	ND*	AR↑	ND	ND*	AR↑	ND*

NY: Results are for one county only and measured re-referrals within 6 months of initial case closure

CO: No difference in rate of new assessments (screened in referrals); Survival analysis showed 18% decrease for FAR families to have a first HRA

CO QIC-DR cross site: Regression analyses show AR families 20% less likely OH QIC-DR cross site: Regression analyses show AR families 42% less likely

Safety: Child removal

MN 2004	OH 2010	NV 2010	OH 2013		IL 2014		•	C-DR c ite 201	
							СО	IL	ОН
IR ↑	IR†	IR↑	 IR†	ND	ND	ND	ND	ND	ND

KEY FINDINGS: COSTS

Program Costs

- **❖**Start Up Costs
 - Training, policy changes, community awareness, new hires
- Implementation Costs
 - Time, salaries, services, and hidden costs
- **❖**Follow Up Costs
 - ❖ Involvement with CPS and CWS
- ❖ Implications for Waiver States

Methodology

- Developed common conceptual framework and terminology
 - **❖**Start up costs
 - **❖**Initial case costs
 - **❖**Follow up costs
- Sites selected subsamples to study
- ❖ Additional data collection necessary to capture costs
 - Primarily used contact hours and foster care and other services provided by CW
- Cross-site evaluation summarized the site findings

Start up Costs

- One state:
 - Used a dedicated new hire project director
 - Implemented training at all levels
 - Revised procedures for IR also
- Return on investment increases with more clients.
- However: difficult to determine in most cases what is new or extra work and what is normal work AND hidden costs.

Case Costs

- Components (each impact the equation):
 - Direct contact time
 - Hourly wage of worker
 - Additional services

Average Caseworker Minutes/Hours and Costs During the Initial Case											
	Colora	do (ns)	Illinois (p<.0001)								
	AR	IR	AR	IR							
Average contact hours per case	678.6 min 11.3 hours	634.1 min 10.6 hours	828.8 min 13.05 hours	208 min 3.5 hours							
Average cost per worker per hour	\$25.40-\$33.60	\$25.40-\$33.60	\$19.86-\$59.70	\$60.36							
Service Costs	\$496.95	\$256.54	\$90.00	\$O							
Average case cost	\$806.85	\$540.41	\$439.16	\$208.85							

Follow up Costs (365 days)

Components:

- Direct contact time
- Hourly wage of worker
- Additional service costs recorded by CW
- Foster care costs (major factor in total costs)

Findings:

- Colorado: significant differences: IR more expensive than AR in average cost (\$405.12 for AR and \$413.37 for IR)
- Illinois: significant differences: IR more expensive due to services and foster care costs (\$286.00 for AR and \$2,528.94 for IR)

Conclusion:

- Other studies have shown increased differences over time
- Need to carefully monitor both programs and costs in order to determine cost impact
- Foster care is an important driver

Lessons Learned from Cost Component of QIC-DR Work

- Need to understand the drivers in your child welfare system as a system.
- Need to understand existing patterns of involvement and costs at each phase of child welfare.
- Study methodology issues:
 - Definition of the comparison group will be critical.
 - Carefully define the period of study.
 - Examine the calculation of average cumulative cost very carefully.
- Careful on messaging. Don't say will reduce foster care. Don't say will save money. Unless you mean it.
 - If foster care occurs, it is usually very expensive.

A FEW CONCLUSIONS AND IMPLICATIONS

Conclusion #1

Implementation of a DR-organized CPS system has not resulted in a manualized intervention for AR or IR

- Numerous micro-practices have been introduced across both pathways
- Significant flexibility by worker, agency, community
- Fidelity, therefore, is to principles, not concrete practices

Conclusion #2

Many of the accompanying system level changes (e.g., safety organized practice, group screening practices) ushered in as part of a DR-organized CPS system have impacted the entire CPS system

- Both AR and IR, and screened out response
- None of the practices and approaches have been evaluated independently of DR implementation for impacts or effectiveness
- They represent a confounding factor for the evaluation

Impact of DR on Investigation Practices and Processes

- Culture and knowledge transfer between AR and IR caseworkers affected IR practice.
 - Some IR caseworkers reported taking a more "AR-like," empowerment-oriented approach with families
 - Some IR caseworkers also report that AR caseworkers made them aware of more service resources available in the community
- IR caseworker caseload sizes in some sites are perceived to have increased under DR due to:
 - Control of caseload size for AR
 - Increasing proportion of high risk cases for IR workers

Conclusion #3

Other than the substantiation decision that accompanies IR, and some procedural differences, AR may be more similar to, than different from, IR.

Conclusion #4

System reform and community buy-in

- Education of key community stakeholders
- Viewpoints of community stakeholders
 - Residual concern that AR compromises child safety relative to IR
 - Particularly from the legal community, advocates, and law enforcement
 - Probably important to clarify what is meant by "low risk" cases not only in terms of criteria but how many children will be impacted.
 - "Low risk" is not the same as no risk
 - Will the higher percentage of referrals assigned to AR result in a higher percentage of re-referrals?
 - What amount of safety (measured by re-referral or other criteria) is acceptable to the community?

Three Implications from the QIC-DR Experience for Implementing AR

- Context is everything.
 - The more you know your policies, your clients, and your statistics the better off you are.
- Many findings may not be replicated in your state.
 - No state can assume the same impacts as AR has had in other states
- Understanding of defined state goals of safety, permanency, wellbeing, are critical.
 - AR is only one adjustment to the CWS system. It can be a broad or narrow adjustment. Additional funding is needed to develop, implement, and maintain AR, regardless of scope.
 Objectives or expected impact need to be very clear.

WHAT DO WE NOT KNOW? BUILDING THE NEXT GENERATION OF DR RESEARCH

Additional Research Questions

What do we <u>not</u> know about engagement?

- What worker strategies are most effective in engaging parents in child protective services?
- Does calling prior to first visit increase engagement?
- Does worker background or training influence engagement?
- Which parents are most likely to accept voluntary DR services?
- Do parent and worker ratings of engagement agree? Why or why not?
- Does engagement change over time?
- Is engagement related to outcomes?

Additional Research Questions What do we <u>not</u> know about services?

- Which services do parents find most helpful?
- Are specific services tied to better outcomes?
- Does the provision of cash assistance influence outcomes? Does the amount matter?
- Whether caseworkers/child welfare agency staff create new services, connect AR/IR families to existing government programs (i.e., TANF), or are disproportionately providing existing services to AR families?

Additional Research Questions What do we <u>not</u> know about outcomes?

- Do caseworker characteristics (experience, tenure, training, skills) impact outcomes?
- Do agency or organizational-level factors influence outcomes?
- Do eligibility criteria for the AR pathway influence outcomes?
- Beyond child safety, does pathway assignment influence family well-being outcomes? Which ones?

Additional Data Collection

- Answering these additional questions will require states to do better job measuring "engagement" "services" and "outcomes"
- Although administrative data is more readily available, investing in data collection with families and staff is vital
- Evaluations that incorporate both qualitative and quantitative data collection methods will yield richer results
- Consider including measures of agency or organizational attributes into data collection

Products to Date

www.DifferentialResponseQIC.org

Prior Products:

- Cross-Site Report: Early
 Implementation and Fidelity
- Individual Site Visit Year 1 reports
- Protecting Children journal
- Issue briefs
- Literature reviews (2009 and 2011)
- Guide for judges and judicial officers
- Online state survey and report
- Webinars

Recently released:

- Final cross-site report
- Individual site reports

Coming soon:

Implementation brief