

Differential Response

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16th Annual Child Welfare Waiver Demonstration

Projects Meeting

July 29, 2014

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 2004	OH 2010	NV 2010	NY 2011	CO 2014	IL 2014	OH 2014	QIC-DR cross site 2014 (measured at first meeting)		
							CO	IL	OH
AR ↑	AR ↑	—	ND	ND	AR ↑	—	ND	AR↑	AR↑

Engagement: Parent Negative Emotional Response

MN 2004	OH 2010	NV 2010	NY 2011	CO 2014	IL 2014	OH 2014	QIC-DR cross site 2014		
							CO	IL	OH
IR ↑	IR ↑	—	IR ↑	IR ↑	IR ↑	—	ND	ND	ND

Engagement: Parent Satisfaction with Caseworker

MN 2004	OH 2010	NV 2010	NY 2011	CO 2014	IL 2014	OH 2014	QIC-DR cross site 2014		
							CO	IL	OH
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 2014 (measure was help received from caseworker)		
							CO	IL	OH
AR ↑	AR ↑	AR ↑	—	—	AR ↑	ND	ND	AR ↑	ND

Engagement:

Worker ratings of parent cooperation

MN 2004	OH 2010	NY 2011	CO 2014	IL 2014	OH 2014	QIC-DR cross site 2014		
						CO	IL	OH
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-DR cross site 2014		
						CO	IL	OH
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 cross site 2014		
									CO	IL	OH
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-DR cross site 2014		
								CO	IL	OH
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	NY 2011	OH 2013	CO 2014	IL 2014	OH 2014	QIC-DR cross site 2014		
									CO	IL	OH
	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				
	Colorado (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	\$0
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 not 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 not 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 not 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