

Designing and Implementing Differential Response Systems in Child Protective Services: A Three State Case Study

Prepared for Casey Family Services



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Abstract

There are many types of child maltreatment and interventions must be able to address these differences. Differential Response Systems (DRS) are an alternative to traditional child protective service investigations based on the idea that flexibility in responding to reports of child maltreatment is in the best interest of children and their families. DRS focuses on the whole family unit, instead of addressing only the children involved. Relying on strength-based support through home or community visits, DRS offer services to empower families based on their unique strengths, and individual needs and risks. Family assessments and traditional investigations have an equal focus on child safety, and reports can be referred for an investigation if concerns about child safety arise during an assessment.

As with any human service system, reform can be daunting and more difficult than expected. This report documents accomplishments and challenges that Minnesota, North Carolina, and Nevada have experienced during implementation of a Differential Response System. Our aim, in partnership with Casey Family Services, is to outline the story of change and the process of implementing the DRS models experienced by this small sample of states. Based on information collected from key interviews and literature, including but not limited to evaluation reports on each state's DRS model, we have highlighted several important similarities and differences across the three states. We hope that these findings will provide insight to other states considering the implementation of a Differential Response System.

Table of Contents

Acknowledgements	i
Abstract	iii
Executive Summary	1
Chapter 1: Context	8
Introduction	9
National Context	11
Chapter 2: Project Overview	22
Methodology	23
State Introductions	25
Chapter 3: Minnesota	34
Impetus for Change	35
Overview of the Model	36
How a Report Moves Through the System	37
Support and Resistance to Change	40
Pilot	44
Scale-Up	46
Future Plans	49
Key Takeaways	50
Chapter 4: North Carolina	54
Impetus for Change	55
Overview of the Model	56
How a Report Moves Through the System	57

Support and Resistance to Change	62
Pilot	65
Scale-Up	67
Future Plans	69
Key Takeaways	70
Chapter 5: Nevada	74
Impetus for Change	75
Overview of the Model	76
How a Report Moves Through the System	77
Support and Resistance to Change	80
Pilot	82
Scale-Up	83
Future Plans	85
Key Takeaways	86
Chapter 6: Findings	90
Similarities and Differences	91
Conclusion	105
Bibliography	107
Appendix A: Glossary of Terms	113
Appendix B: Interview Questions	117
Appendix C: Code Book	123
Appendix D: State Demographic Information	127
Appendix E: Memorandum of Understanding and Institutional Review Board	135

Executive Summary

National Context

Child abuse is a serious problem in the United States. Over three million incidents of child abuse are reported every year and almost five children die every day as a result of child maltreatment.¹ Historically, child protection agencies have used a forensic approach to protecting these children, which is most suitable to criminal cases. This “one size fits all” model is a poor fit for the vast majority of child maltreatment reports², and does not effectively reduce rates of maltreatment or stop children from reentering the child welfare system.³ It is clear that changes must be made within child welfare agencies in order to more appropriately respond to allegations of child maltreatment.

Many states have begun to search for innovative solutions to the problems presented by the traditional model of child protection. One such strategy is Differential Response. In Differential Response Systems (DRS), the child protection agency recognizes that alleged neglect and abuse reports on families show inconsistent levels of risk to children. Accordingly, in this system, responses to reports cater to the specific needs of each family.⁴ Differential Response Systems provide different pathways depending on the severity of the allegations of abuse or neglect.⁵ Reports are either investigated according to the traditional forensic model or assessed according to an alternative system focused on service provision.⁶

According to the National Quality Improvement Center of Differential Response in Child Protective Services (QIC-DR) survey, the largest national study of Differential Response Systems, 18 states are currently implementing a DRS model.

1 “National Child Abuse Statistics,” Prevention and Treatment of Child Abuse | Childhelp, Child Help, 27 Mar. 2011 <<http://www.childhelp.org/>>.

2 Caren Kaplan and Amy Rohm, Ohio Alternative Response Pilot Project: Final Report of the AIM Team, Rep. (Englewood: American Humane Association, 2010) 1-114.

3 L. A. Loman, Families Frequently Encountered by Child Protection Services: a Report on Chronic Child Abuse and Neglect, Rep. (St. Louis: Institute of Applied Research, 2006).

4 Casey Family Services, Connecticut Department of Children and Families Differential Response System Executive Report, Rep. (New Haven: Casey Family Services, 2010).

5 Casey Family Services.

6 Casey Family Services.

Additionally, another eight states are in the planning stages.⁷ The number of DRS models in the United States is expected to increase in the near future due to the 2010 Child Abuse Prevention and Treatment Reauthorization Act (CAPTA), which encourages all states to implement a version of DRS that includes increased family involvement and collaboration with community partners.⁸

The Current Study

As the direct service agency of the Annie E. Casey Foundation, Casey Family Services is committed to securing improved futures for society's most vulnerable children and their families. In service of this mission, Casey Family Services and the New England Association of Child Welfare Commissioners and Directors are currently developing the New England Network on Differential Response. This network consists of state officials who are charged with the responsibility of implementing DRS in their respective states. To assist the New England Network on Differential Response in the planning and implementation processes, Casey Family Services requested that our field projects team examine the experience of three states that have successfully implemented this reformed response in child protective service.

We conducted case studies of Minnesota, North Carolina, and Nevada's Differential Response Systems. Our research consisted of three parts: a general literature review, a more focused review of published evaluations on each state's DRS model, and key informant interviews with child welfare professionals in each state.

7 National Quality Improvement Center on Differential Response in Child Protective Services. "Online Survey of State Differential Response Policies and Practices Findings Report." 2009.

8 Howard Davidson, "The CAPTA Reauthorization Act of 2010: What Advocates Should Know," American Bar Association, 3 Jan. 2011, 27 Mar. 2011 <<http://apps.americanbar.org/litigation/committees/childrights/content/articles/010311-capta-reauthorization.html>>.

Key Findings

Through our analysis of Minnesota, North Carolina, and Nevada, we found several key elements in how each state designed and implemented their Differential Response System. Below is a selected list of these key findings:

Minnesota

Minnesota's DRS system is called the Family Assessment Response (FAR). Minnesota has a county-administered child protection model, where the majority of services are provided by the public agency. The DRS pilot project lasted from 2000 to 2004 and counties opted in at their discretion. The primary funding sources were the McKnight Foundation and reallocated federal funds.

Impetus For Change

- » The rate of investigations substantiated for child abuse or neglect continually increased, peaking at 40 percent, with services being provided at a significantly lower rate.
- » Minnesota realized that child protective services had a negative reputation in the community.
- » The federal government began offering block grants to states that were developing more innovative and effective family services programs, prompting child protection staff to investigate how to be more effective in responding to families and promoting child safety.

Support And Resistance To Change

- » Minnesota gained political support by educating legislators about the model. Community partners, including law enforcement and the court system, also supported the transition.
- » Minnesota experienced resistance to DRS from schools and Guardians ad Litem.

Implementation

- » Minnesota accepted counties into their pilot on a voluntary basis. By the end of the four-year pilot all counties had opted into the program. The pilot was funded using a combination of private, state, and federal funding.

North Carolina

North Carolina's Differential Response System is part of a greater child welfare model called Multiple Response System (MRS). North Carolina has a county-administered child protection model with state oversight. All assessment and case management is conducted by the public agencies, while community partners mostly provide services. The MRS pilot project occurred in waves in 2002, 2004, and 2006. The pilot was funded using the existing budget for child protection.

Impetus For Change

- » Findings from the 2001 Child and Family Service Federal Review (CFSR), confirmed that North Carolina was providing services in an inconsistent manner.
- » North Carolina realized that Child Protective Services had a negative reputation in the community.

Support And Resistance To Change

- » North Carolina gained political support by educating legislators about the model. Community partners, including mental health clinics and law enforcement, also supported the transition.
- » North Carolina experienced resistance to DRS from schools and Guardians ad Litem.

Implementation

- » North Carolina had three pilot waves. Counties applied to participate and were selected to create a representative sample. The pilot was funded within the existing budget for child protection.

Nevada

Nevada's Differential Response System is a combined state and county administered child protection model. Child protection in Nevada is a highly privatized system based on a strong partnership with the Family Resource Centers, such that the agency is involved in all DRS family assessment cases from start to finish. The DRS pilot project occurred in waves in 2007, 2008 and 2009. The primary funding sources were Casey Family Programs and federal and state funds.

Impetus For Change

- » The Child and Family Services Review (CFSR) suggested that child protection agencies increase their community-based interactions.
- » Nevada experienced a rapid rise in the rate of reports of child maltreatment. As a result, child welfare workers' caseloads became overwhelming.
- » The Family Resource Centers (FRCs) received additional funding to support DRS to assist in reducing caseloads and providing a more effective way to help families.

Support And Resistance To Change

- » Nevada experienced great support for DRS within child welfare agencies due to existing relationships between agency staff.
- » The little resistance that Nevada encountered was a result of confusion in schools with the new approach. This misunderstanding has since been resolved.

Implementation

- » Nevada planned four pilot waves. Participating counties were selected based on where there was the greatest need for the program, by region, and strong existing relationships with local Family Resource Centers. Nevada is currently still piloting, with DRS rolled out to only about 85 percent of the state. The pilot was funded using a combination of private, state, and federal funding.

As previously mentioned, this report provides an overview of how a Differential Response System has been implemented in three varying states: Minnesota, North Carolina, and Nevada. The first section of this report establishes the national context that surrounds the move towards a Differential Response System in child welfare reform and the second chapter provides an outline of our research approach. The third section of this report provide a detailed picture of the nuances of the DRS models in each of the key states. Lastly, we conclude the report by discussing key similarities and differences between the approaches taken by the three sample states and their respective DRS models. It is our intention that this report will serve to educate interested states about the wide variety of approaches to designing and implementing a successful Differential Response System.

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Context



Source: Casey Family Services

Introduction

Child abuse is a serious problem in the United States. Over three million incidents of child abuse are reported every year and almost five children die every day as a result of child maltreatment.¹ Rates of child maltreatment have been on the rise in recent years due to the economic downturn.² At the same time, budget cuts have forced child welfare agencies to cut back on intervention and rehabilitative services for families.³ These events have led to a growing struggle among child welfare agencies to cope with large volumes of reports.⁴ These trends make clear that the traditional approach to child protective services (CPS) is not successfully protecting many children who need help.

The traditional investigation model of child protection, which will be discussed in greater detail later in this report, has a forensic approach to protecting children that is more suitable to criminal cases. This “one size fits all” model is a poor fit for the vast majority of child maltreatment reports⁵, and does not effectively reduce rates of maltreatment or stop children from reentering the child welfare system.⁶

There are several key shortcomings of the traditional model. First, as rates of child abuse and neglect increase, overwhelmed child protection agencies across the country have been forced to prioritize reports of severe child abuse and neglect over lower level reports.⁷ As a result, many families who need help are

- 1 “National Child Abuse Statistics,” Prevention and Treatment of Child Abuse | Childhelp, Child Help, 27 Mar. 2011 <<http://www.childhelp.org/>>.
- 2 Children’s Hospital of Pittsburgh, “2010 Incidence of Child Abuse Skryocketed During Recent Recession, Children’s Hospital of Pittsburgh of UPMC-led Study Finds,” press release, News Releases, 1 May 2010, Children’s Hospital of Pittsburgh, Mar. 2011 <<http://www.chp.edu/CHP/050110>>.
- 3 David Carrier, “New Survey Finds that State Child Welfare Budget May Face Perfect Storm,” AScrive Health News Service (2009), Expanded Academic ASAP, Gale, 27 Mar. 2011 <<http://find.galegroup.com.ezproxy.library.tufts.edu/>>.
- 4 Child Welfare Information Gateway, Differential Response to Reports of Child Abuse and Neglect, Issue brief (Washington, DC: U.S. Department of Health and Human Services, 2008).
- 5 Caren Kaplan and Amy Rohm, Ohio Alternative Response Pilot Project: Final Report of the AIM Team, Rep. (Englewood: American Humane Association, 2010).
- 6 L. A. Loman, Families Frequently Encountered by Child Protection Services: a Report on Chronic Child abuse and Neglect, Rep. (St. Louis: Institute of Applied Research, 2006).
- 7 Nico Trocme, Theresa Knott, and Della Knoke, An Overview of Differential Response Models, Information Sheet (Toronto: Centre of Excellence for Child Welfare University of Toronto, 2003).

Over three million incidents of child abuse are reported every year and almost five children die every day as a result of child maltreatment.

deemed ineligible for intervention (“screened out”) during the intake process and their cases are closed without any action. The investigative approach used by caseworkers in the traditional model causes families to experience CPS as accusatory and invasive. Families who had been reported for child maltreatment stated that they were afraid that CPS would remove their children if they did not agree to in-home visits or regular monitoring, causing them to resist services. As a result, CPS often develops a negative reputation by community members. Finally, traditional CPS interventions frequently do not meet the varied and complex needs of families. Although the immediate sources of risk are usually addressed by the time a case is closed, the underlying problems often remain unchanged.⁸ These “quick-fixes” leave families unsupported and without the necessary tools to make long-lasting and effective improvements to their children’s safety. It is clear that changes must be made within child welfare agencies in order to more appropriately respond to allegations of child maltreatment. “Business as usual” is no longer acceptable.

Many states have begun to search for innovative solutions to the problems presented by the traditional model of child protection. One such strategy is Differential Response. In Differential Response Systems (DRS), the child protection agency recognizes that alleged neglect and abuse reports on families show inconsistent levels of risk. Accordingly, in this alternative system responses to reports cater to the specific needs of each family.⁹

In this report, we outline three of these alternative approaches to child protection in Minnesota, Nevada, and North Carolina. Our team conducted case studies comprised of literature reviews of evaluations published on each state’s DRS model, and interviews with key stakeholders within each of the three states’ child welfare agencies. Throughout our research and analysis we focused our attention on four key research questions:

1. Why does a state decide to implement a Differential Response System?
2. How does a state design their individual DRS model?
3. What is the implementation process for transitioning from the traditional model to the DRS model?
4. How has DRS been evaluated by these states and what are the evaluation findings?

8 Child Welfare Information Gateway, 2008.

9 Casey Family Services, Connecticut Department of Children and Families Differential Response System Executive Report, Rep. (New Haven: Casey Family Services, 2010).

It is our intention that the descriptions and analyses of these models will provide insights into the many different approaches to a Differential Response System. The first section of this report provides the national context that is motivating an increasing number of states to consider an alternative response model, the next section outlines the current study and introduces the states that are the focus of the report, the following three chapters present the DRS models implemented in Minnesota, North Carolina, and Nevada in detail, and the final chapter presents important similarities and differences across these states.

National Context

Traditional Model

It is important to be familiar with the traditional method of responding to reports of child abuse and neglect across the nation to be able to understand why DRS is considered an innovative, alternate method. The traditional model focuses on investigations of alleged maltreatment to determine if children have been or are at risk of being harmed by their parent or primary caregiver.¹⁰

During the initial assessment phase, the caseworker's role is to gather information about the child and family to determine whether maltreatment occurred, the likelihood that it will happen again, and whether there is a threat of immediate harm to the child. Depending on the laws of the state, caseworkers have up to 30, 60, or 90 days to complete the initial assessment. After establishing whether the child is at risk or is safe in the home, and whether the family has any emergency needs related to the child's well-being, caseworkers must make the final determination of whether abuse or neglect to the child has occurred. This is done by either substantiating or unsubstantiating the case. A case is substantiated if, based on all evidence and information, it is more likely than not that maltreatment did occur. In these cases, families may be required to accept services, and in cases of severe abuse and neglect, the child may be removed from the home.¹¹

Although there are differences across states, there are several consistent elements of a traditional investigation of a suspected child abuse or neglect report. When a report is on the investigative track, the child is interviewed separately from the family and often without the parent's knowledge. Collateral contacts, such as neighbors, service providers, and school staff, are also often

¹⁰ Child Welfare Information Gateway, 2008.

¹¹ Diane DePanfilis and Marsha Salus, *Child Protective Services: A Guide for Caseworkers*, Publication (Washington, DC: Administration for Children and Families U.S. Department of Health and Human Services, 2003).

interviewed without the family's knowledge or permission.¹² In many states, if a case is substantiated the identifying information of the perpetrator is added to the State Registry of Substantiated Cases of Child Abuse. Childcare institutions, child welfare agencies, public agencies, and other child welfare offices can obtain this information when inquiring about prospective employment or the fitness of the individual to care for or adopt a child.

Differential Response

Differential Response Systems are a response to the shortcomings of the traditional model. The core principle of Differential Response is that alleged neglect and abuse reports on families show inconsistent levels of risk to the child. To address these variations, DRS provides different response pathways depending on the severity of the allegations of abuse or neglect.¹³ These pathways usually fall into two categories: Investigation or Assessment. Investigation involves gathering evidence and determining whether to substantiate an allegation of child abuse or neglect. These cases are sometimes criminal and follow a more traditional investigative pathway. Assessment is an alternative response to an allegation of mild to moderate child abuse and neglect. In these instances, caseworkers engage with families to determine what services they need to enhance the current safety of the child and also prevent future incidents.¹⁴

Differential Response Systems does not compromise child safety, and in some instances, children who receive an alternative response are actually less likely to re-enter the child welfare system than children who are part of a traditional investigation.

The shift towards Differential Response is supported by strong evaluation findings. Studies have found that Differential Response Systems do not compromise child safety, and in some instances children who receive an alternative response are actually less likely to re-enter the child welfare system than children who are part of a traditional investigation.^{15,16} In addition, Differential Response has been found to reduce the strain on caseworkers, engage families and communities more successfully to protect children, and decrease the cost of child welfare services.¹⁷

12 North Carolina Department of Social Services, "Child Protective Services," Orange County, North Carolina, 20 Mar. 2011 <http://www.co.orange.nc.us/socsvcs/child_protective_services.asp>.

13 Casey Family Services.

14 Child Welfare Information Gateway, 2008.

15 Mary Jo Oriz, Gila Shusterman, and John Fluke, "Outcomes for Children with Allegations of Neglect who Receive Alternative Response and Traditional Investigations: Findings from NCANDS," *Protecting Children* 23 (2008).

16 Gila Shusterman, Dana Hollinshead, John Fluke, Ying-Ying Yuan, and Walter McDonald, *Alternative Responses to Child Maltreatment: Findings from NCANDS*, Rep. (Washington, DC: Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services, 2005).

17 Child Welfare Information Gateway, 2008.

The federal government mandates that each state has a child welfare agency and provides political guidance and financial support to these agencies, but the primary responsibility for child protection rests with the states.¹⁸ As a result, there is a fair amount of variation among states' child protective agencies, including how states define their Differential Response System. Despite variations in statutes and implementation strategies, the key elements of DRS are always:

- » An engaging approach vs. adversarial approach to the parent/caregiver
- » Providing services vs. surveillance
- » Identifying needs vs. punishment
- » A continuum of response vs. a one-size fits all model¹⁹

These key factors stem from the recognition that the traditional model does not take into account the wide variety of forms of abuse and neglect, and the variations among families that are referred to child protective services. By running a child welfare system based on these service goals, it is possible to create strong family and community partnerships and a streamlining of services so that families can access the services they need, as efficiently as possible.

DRS As A Solution To Neglect

The ability of a Differential Response System to respond to varying types and levels of abuse and neglect makes it a particularly promising system for addressing cases at the intersection of poverty and neglect.²⁰ Differential Response System models encourage caseworkers to work with families to connect them with resources and services so they are better able to provide for their children. This approach to helping families overcome difficulties resulting from poverty has been a missing link in child protective services under the traditional model.

The National Incidence Study of Child Abuse and Neglect found that children in households with low socioeconomic status had significantly higher rates of maltreatment reports. Specifically, they were more than three times as likely to be abused and about

18 Child Welfare Information Gateway, *How the Child Welfare System Works*, Rep. (Washington, DC: Administration for Children and Families U.S. Department of Health and Human Services, 2010).

19 Casey Family Services.

20 L. A. Loman, "Poverty, Child Neglect and Differential Response," *proc. of American Humane Association Conference on Differential Response*, Long Beach (St. Louis: Institute of Applied Research, 2007).

seven times as likely to be neglected.²¹ There are several theories explaining this strong relationship. One is that poverty is often associated with other risk factors for child maltreatment such as substance abuse, mental health problems, and social isolation.²² The likelihood that poor families will be reported for child abuse or neglect is also exacerbated by the fact that neglect clauses of many state statutes are generally broad and encompass many factors that are almost inevitable if a family is living in poverty.²³ As a result, most states identified poverty as a main predictor of child abuse and neglect reports, especially in the current economic climate.²⁴

Despite the fact that most instances of child abuse and neglect are related to families' economic circumstances, the majority of federal funds for child welfare services support foster care, with less of an emphasis on preventive services that would alleviate the stresses and inevitable downsides of poverty. This prioritizing of reactive programming has been shaped in large part by The Adoption and Safe Families Act (ASFA). Signed into federal law in 1997, the act focuses on protecting the safety and health of the child above all else, and provides financial backing to foster care and adoption programs rather than preventive measures.²⁵

The traditional model of child protection was developed in this climate. As a result, many reports that CPS substantiated as neglect were actually direct results of poverty.²⁶ Child welfare agencies realized that they were not equipped to handle these types of cases using a "one size fits all" approach since certain outcomes of poverty, such as inadequate shelter, food, and clothing, can be mistaken for intentional maltreatment and are harmful to the child. Workers were not trained to differentiate between intentional neglect and hardship due to lack of resources, and did not alter their approach for families in each of these categories. In creating a DRS model, CPS agencies are able to differentiate more

Child welfare agencies realized that they were not equipped to handle neglect due to poverty using a "one size fits all" approach.

21 Andrea J. Sedlak, Fourth National Incidence Study of Child Abuse and Neglect (NIS-4): Report to Congress, Executive Summary, Rep. (Washington, DC: Administration for Children and Families U.S. Department of Health and Human Services, 2010).

22 Robert Plotnik, Economic Security for Families with Children, Rep., ed. Peter Pecora, James K. Whittaker, Anthony M. Maluccio, Richard P. Barth, and Diane DePanfilis, *The Child Welfare Challenge: Policy, Practice, and Research* (New Brunswick: Transaction, 2000).

23 James Gaudin, *Child Neglect: A Guide for Intervention*, Rep., comp. Westover Consultants, Inc (Administration for Children and Families U.S. Department of Health and Human Services, 1993).

24 Jill Goldman, Marsha Salus, Deborah Wolcott, and Kristie Y. Kennedy, *A Coordinated Response to Child Abuse and Neglect: The Foundation for Practice*, Rep. (Washington, DC: Office on Child Abuse and Neglect (HHS), 2003).

25 Adoption and Safe Families Act of 1997, United States § 105-89 (1997).

26 Loman 2007.

successfully between families who are intentionally neglecting or mistreat their child, and families who are simply unable to provide for their child due to financial strain.

The Status Of Differential Response

Nationally

As evidence supporting the success of Differential Response Systems has mounted,²⁷ many states have begun to implement their own system. The largest national study of DRS was funded by the Children’s Bureau and conducted in 2009 by The National Quality Improvement Center of Differential Response in Child Protective Services (QIC-DR). This survey found that:

- » Eighteen states are currently implementing DRS;
- » Five states reported that they previously had DRS but that it is no longer being implemented;
- » Eight states are in the planning stages of DRS;
- » Nine states have no past, current, or planned DRS; and
- » The remaining ten states did not respond to the survey.²⁸

The 2010 Child Abuse Prevention and Treatment Reauthorization Act (CAPTA) is likely to be an important catalyst for the expansion of DRS models across the country. This act, signed into law by President Obama, encourages all states to implement a version of DRS that includes increased family involvement and collaboration with community partners.²⁹ As a result, an increasing number of states will likely be reforming their child welfare system in the coming years.

As more states begin to lay the groundwork for implementing a Differential Response System, it is important to consider the strategies employed by states with existing alternative response tracks. Although DRS has been shown to keep children safe while

27 Shusterman, Hollinshead, Fluke, Yuan, and McDonald.

28 National Quality Improvement Center on Differential Response in Child Protective Services, Online Survey of State Differential Response Policies and Practices Findings Report, Rep. (Washington, DC: The Children’s Bureau, 2009).

29 Howard Davidson, “The CAPTA Reauthorization Act of 2010: What Advocates Should Know,” American Bar Association, 3 Jan. 2011, 27 Mar. 2011 <<http://apps.americanbar.org/litigation/committees/childrights/content/articles/010311-capta-reauthorization.html>>.

reducing the strain on caseworkers, successfully engaging families, and decreasing the cost of child protective services, there is no single way to go about implementing a DRS system.³⁰ The methods and protocols utilized by child protective services differ between states which makes it impossible to design a “one size fits all” model of DRS.

Many states have experimented with different ways to adapt DRS to their individual needs. Some states opt for a public system, where all stages of the reporting, assessment, and service provision are handled by the public child welfare agency. An alternative, used by many states, is a public-private partnership. In these cases, the public agency collaborates with community organizations to support clients. Generally the public agency is responsible for the initial intake and assessment process and the community partner provides services. A third option is a fully private system where community organizations handle every aspect of a case from the initial report until the case is closed.^{31,32,33,34}

The structure of state government and the developmental stage of the program impact the framework of each Differential Response System. The 2009 QIC-DR Survey established how widely DRS models were being implemented across states. Among the 18 states that reported implementing DRS, there were differences in the pervasiveness of the approach:

- » Eleven states indicated that their DRS program is statewide;
- » Six states operate DRS in multiple jurisdictions, but not statewide;
- » Of these six states, three indicated that they have plans to expand their DRS statewide and two indicated that DRS would be implemented in more jurisdictions but not statewide; and

The 2010 Child Abuse Prevention and Treatment Reauthorization Act (CAPTA) is likely to be an important catalyst for the expansion of DRS models across the country.

30 Child Welfare Information Gateway 2008.

31 Lisa Merkel-Holhuin, Caren Kaplan, and Alina Kwak, National Study on Differential Response in Child Welfare, Rep. (American Humane and Child Welfare League of America, 2006).

32 Gary Siegel and Tony Loman, Extended Follow-Up Study of Minnesota’s Family Assessment Response - Final Report, Rep. (St. Louis: Institute of Applied Research, 2006).

33 Center for Child and Family Policy, Multiple Response System (MRS) Evaluation Report to the North Carolina Division of Social Services (NCDSS), Rep. (Durham: Center for Child and Family Policy, Stanford Institute of Public Policy Duke University, 2004).

34 Gary L. Siegel, Christine S. Filonow, and L. A. Loman, Differential Response in Nevada Final Evaluation Report, Rep. (St. Louis: Institute of Applied Research, 2010).

» One state was uncertain about their plans to expand DRS.³⁵

As evidenced by the wide variety of Differential Response System being implemented across the country, there are many different ways to go about implementing a DRS model. Various factors that may contribute to a state's decision about how to design and implement a DRS model that is a good fit to their individual needs are the subject of this report.

35 National Quality Improvement Center on Differential Response in Child Protective Services.

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Project Overview



Source: Casey Family Services

Project Overview

Methodology

The Role of Casey Family Services

As the direct service agency of the Annie E. Casey Foundation, Casey Family Services is committed to securing improved futures for society's most vulnerable children and their families. In service of this mission, Casey Family Services has been working with the Department of Children and Families (DCF) in Connecticut to redesign child protective services through the development of a Differential Response System (DRS).¹ In addition, Casey Family Services and the New England Association of Child Welfare Commissioners and Directors are currently developing a network of state officials who are charged with the responsibility of implementing DRS in their states. To assist the New England Network on Differential Response in the planning and implementation of a Differential Response System in their respective states, Casey Family Services requested that our Field Projects team examine the experience of three states that have successfully implemented this reform.

Case studies of the individual DRS models in Minnesota, Nevada, and North Carolina were conducted. As selected by Casey Family Services, these three states are the focus of this report due to their different Differential Response System implementation strategies. Minnesota is one of the most established Differential Response Systems in the country. It is primarily a public model, meaning that in the majority of Minnesota counties, the assessments are completed by public child protection agencies. Additionally, in all but two Minnesota counties, the services provided to families are also facilitated by the public agency caseworkers.² Conversely, North Carolina is a public-private partnership. Each county's child protection agency is responsible for all family assessments and case management, and the agency partners with community organizations to provide services to families.³ In contrast to the other two states, Nevada's entire Differential Response System utilizes the services of a private non-profit organization called Family Resource Centers when responding to DRS eligible reports.⁴ Including case studies of three such diverse states in this report will allow states considering the implementation of a Differential Response System to gain a better understanding of a range of strategies.

1 Casey Family Services, Connecticut Department of Children and Families Differential Response System Executive Report, Rep. (New Haven: Casey Family Services, 2010).

2 Dave Thompson. Telephone interview by Brean Flynn. March 4, 2011.

3 Jo Ann Lamm. Telephone interview by Judith Scott. March 15, 2011.

4 Betty Weiser. Telephone interview by Jacquie Furtado. March 14, 2011.

Data Collection

The data collection process began with a literature review regarding the differences between the traditional response of child protective services and the Differential Response System approach; the current status of Differential Response Systems nationally; and the political and legislative climate that allowed for the transitions to take place. Finally, in order to understand the background and outcomes of the Differential Response System models in each of the three focus states, we examined published evaluations of those programs.

To collect data regarding the Differential Response System models of Minnesota, North Carolina, and Nevada, Casey Family Services and the UEP Field Projects team decided to use semi-structured interviews as a primary data source. Before conducting these interviews, the team applied for approval from the Institutional Review Board (IRB) (see Appendix E).

Once we received IRB approval, the team arranged to conduct semi-structured interviews with child welfare professionals in each of the three states. Casey Family Services identified key informants who held positions within the child protective service system in each state. In preliminary conversations or during the semi-structured interviews, key informants identified additional interviewees within their respective states. These additional informants were either able to provide a different perspective or to provide information that the key informant did not possess. In Minnesota, we interviewed the Child Protection Manager, the Assistant Commissioner of Minnesota's Department of Health and Human Services, the Director of Social Services for a suburban county, and a supervisor of a DRS caseworker unit from the same suburban county. In North Carolina, we interviewed the North Carolina Division of Social Services Multiple Response System (MRS) Consultant and Trainer, a Research Scientist at the Center for Child and Family Policy at Duke University, a former North Carolina Division of Social Services MRS Consultant, and the former North Carolina Division of Social Services Child Welfare Director. In Nevada, we interviewed two Social Service Program Specialists in the Grants Management Unit of Nevada's Department of Health and Human Services.

The interviews followed a semi-structured protocol. Interview questions were developed with input from the Casey Family Services team and provided a framework for discussion between interviewers and participants (see Appendix B). However, many topics that were not included in the original questions surfaced during discussions, providing additional insights. All interviews were conducted by phone and lasted between sixty and ninety minutes. For most of the interviews, one team member asked

questions while another was present to take notes. In the few instances that this was not possible, interviews were recorded with the respondent's permission and transcribed immediately following the discussion. Team members followed up with all interviewees via e-mail with clarifying questions.

Analysis

We used a two-step process to code the interview transcripts. First, interview information was grouped by key topic: Impetus for Change, Important Factors about Each State's Model (i.e. public vs. private, county vs. state), Intake and Screening Process, In-Home Assessment, Services, Support and Resistance to Change, Pilot Project, Scale Up, Training, and Future Plans. This was done by reorganizing data and quotations directly from the original interview transcripts into separate Word documents, one for each of the themes listed above. All team members then thoroughly read the key topic documents looking for nuanced similarities and differences across states. Together, the team members created a nuanced coding scheme consisting of crosscutting themes and containing 68 codes. To ensure internal reliability and validity of the research, a descriptive codebook was created to define each code (see Appendix C). The key topic documents were read thoroughly again and the coding scheme was reviewed. Sixteen codes were lifted from the codebook for further analysis. Codes were selected based on the likelihood of helping the researchers identify data regarding the development and implementation processes. Specifically, the researchers selected codes that could provide a range of information not yet studied or made available to child welfare professionals. Three team members applied all the codes to the key topic documents and created summary paragraphs of the relevant content. As a further attempt to increase internal validity, more than one team member coded several of the documents.

State Introductions

The three states that are the focus of this report have different characteristics that must be taken into account when considering their Differential Response System models. Although the general concept of a Differential Response System model is the same across states, differences in population and government structure have necessitated various implementation strategies.

Demographic Information

As seen in Appendix D, there is little variation in terms of the percentage of the population at risk for child maltreatment due

to age and poverty between the three states.^{5,6,7} As demonstrated in Table 4, North Carolina has a more racially diverse population than either Minnesota or Nevada. Finally, the size and density of the population varies across these states. As shown in Table 1, North Carolina has the largest population, followed by Minnesota, and then Nevada.^{8,9,10} All three states are primarily rural, with the majority of the population concentrated in a few urban areas.^{11,12,13} Despite the demographic similarities, there are many differences in how each of the three states designed and implemented a Differential Response System.

Government Structure

In addition to the varying population demographics, each state has a unique government structure. Similar to the influence of varied populations, the nuances of the government structure already established in each state influences the elements of the respective Differential Response System models.

Minnesota consists of 87 counties and operates as a county-administered child welfare system rather than state-administered. This means that each county is given a great deal of autonomy in developing protocol specifics within the state-mandated child protection system. Each county maintains control over the entire case life of a maltreatment report, from the report intake through

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- 5 US Census Bureau, “Minnesota QuickFacts from the US Census Bureau,” Minnesota State and County QuickFacts, 4 Nov. 2010, Mar. 2011 <<http://quickfacts.census.gov/qfd/states/27000.html>>.
 - 6 US Census Bureau, “North Carolina QuickFacts from the US Census Bureau,” North Carolina State and County QuickFacts, 10 Nov. 2010, Mar. 2011 <<http://quickfacts.census.gov/qfd/states/37000.html>>.
 - 7 US Census Bureau, “Nevada QuickFacts from the US Census Bureau,” Nevada State and County QuickFacts, 10 Nov. 2010, Mar. 2011 <<http://quickfacts.census.gov/qfd/states/32000.html>>.
 - 8 US Census Bureau “Minnesota”.
 - 9 US Census Bureau “North Carolina”.
 - 10 US Census Bureau “Nevada”.
 - 11 United States, Department of Commerce, Census Bureau, Population and Housing Unit Counts: Minnesota, by US Census Bureau, 2000 Census of Population and Housing Counts (Washington, DC: US Census Bureau, 2003).
 - 12 United States, Department of Commerce, Census Bureau, Population and Housing Unit Counts: North Carolina, by US Census Bureau, 2000 Census of Population and Housing (Washington, DC: US Census Bureau, 2003).
 - 13 United States, Department of Commerce, Census Bureau, Population and Housing Unit Counts: Nevada, by US Census Bureau, 2000 Census of Population and Housing (Washington, DC: US Census Bureau, 2003).

case closure (barring any extreme circumstances of the case such as state or federal crimes being committed).^{14,15}

North Carolina's child protective services agency is part of a state-supervised, county-administered social services system. While all 100 counties share the same laws, guidelines and documentation, every county has the flexibility within a defined framework to interpret DRS to fit its specific population and culture.^{16,17}

Nevada operates as a mixture of a county- and state-system. The two most populous counties (Clark and Washoe) administer their own program policies, with state oversight. In the remaining 15 counties, which are more rural in nature, child protective services is administered and supervised by the state agency.^{18,19,20,21}

DRS Design

Taking into account the characteristics listed above, each state has elected to employ a different Differential Response System model to best serve the needs of families and communities in their state.

Minnesota is a predominantly public system, with the exception of two counties (see Table 1). The public agency generally maintains responsibility for the case after the assessment and during service provision in 85 of the 87 counties. If the needs of the family are highly specific or acute and would be better addressed by a specialized private agency, then a third-party agency may provide the services. Even in these instances, case management would rest with the public child protective services agency. In the two remaining counties, which include the urban areas of St. Paul and Minneapolis, services are most often provided by a community agency and not the public agency that completed the assessment. The case remains open within the public agency's system, but solely for administrative and payment purposes.²²

14 Thompson, March 4, 2011.

15 Lisa Merkel-Holhuin, Caren Kaplan, and Alina Kwak, National Study on Differential Response in Child Welfare, Rep. (American Humane and Child Welfare League of America, 2006).

16 Holly McNeil. Telephone interview by Judith Scott. March 11, 2011.

17 Merkel-Holhuin, Kaplan and Kwak.

18 Toby Hyman. Telephone interview by Jacque Furtado. March 24, 2011.

19 Merkel-Holhuin, Kaplan and Kwak.

20 Weiser, March 14, 2011.

21 Gary L. Siegel, Christine S. Filonow, and L. A. Loman, Differential Response in Nevada Final Evaluation Report, Rep. (St. Louis: Institute of Applied Research, 2010).

22 Thompson, March 4, 2011.

North Carolina is a county-administered system (see Table 1). Across all counties, the Department of Social Services (DSS) is responsible for intake, screening, and assessment. Community partners work with DSS to provide in-home services to families. Regardless of their county of residence, families partner with the DSS caseworker to identify the types of services the family needs. County DSS workers are responsible for checking in with the private providers and monitoring the family throughout the life of the case.²³

Nevada's Differential Response System differs from the other two states in that it is a highly privatized system (see Table 1). The non-profit organization, Family Resource Centers, partners with child protective services to provide the DRS services. The Family Resources Centers handle the vast majority of the casework, however, CPS keep the records on the case and are able to intervene or make decisions on a case at any point. Nevada's child protective services has a strong partnership with the private non-profit organization, Family Resource Centers, such that the agency is involved in all DRS family assessment cases from start to finish.^{24,25,26}

As stated above, each state designed their DRS model to address the unique needs of the population. However, it is not clear how these states developed and initially implemented these Differential Response Models. The following case studies provide a glimpse into the story of change for these states, including how each state made the transition from a traditional system to their current method of responding to allegations of child maltreatment.

23 Lamm, March 15, 2011.

24 Siegel, Filinow and Loman.

25 Weiser, March 14, 2011.

26 Hyman, March 24, 2011.

Table 1: Snapshot of the Three Differential Response Systems

State	Administrative Structure	Practice Model	Model Type	Pilot Roll-Out Strategy	Primary Funding Sources
Minnesota	County administered	Family Assessment Response (FAR)	Public	Piloted 2000-2004, fully implemented since 2004	Fed/State/Local funds. The pilot program was completed primarily with the financial support of a private foundation.
North Carolina	County administered with State Oversight	Multiple Response System (MRS)	Public/Private	Piloted 2002 with 10 counties, 2nd wave in 2004 added an additional 42 counties, fully implemented in 2006 with all 100 counties	Existing budget was used to fund pilot and roll out MRS which includes DRS.
Nevada	Combined State and County administered	Differential Response (DR)	Public/Private	Piloted in select counties in 2007, extended to additional counties in 2008 and then 2009. Currently in all but the most rural parts of Nevada	Government funds (state & federal) and Casey Family Services.

Source: Compiled from interview information as presented in the text.

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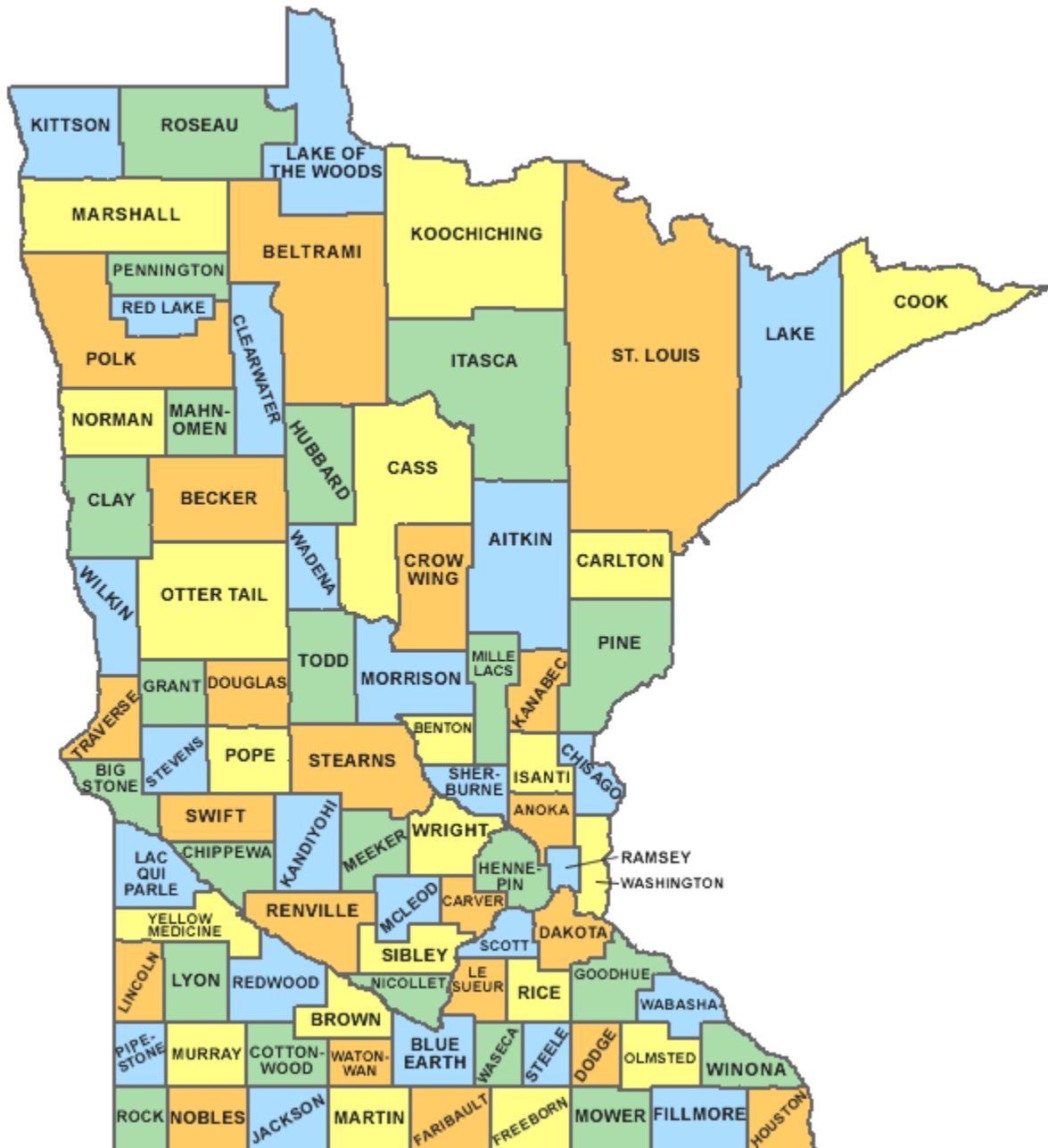
US Census Bureau. “Minnesota QuickFacts from the US Census Bureau.” Minnesota State and County QuickFacts. 4 Nov. 2010. Mar. 2011 <<http://quickfacts.census.gov/qfd/states/27000.html>>.

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Nov. 2010. Mar. 2011 <[http://quickfacts.census.gov/qfd/
states/37000.html](http://quickfacts.census.gov/qfd/states/37000.html)>.

"Weiser, Betty." Telephone interview by Jacquie Furtado. March 14, 2011.

Minnesota



Source: Minnesota Department of Employment and Economic Development

CPS	Child Protective Services
DHHS	Department of Health and Human Services
DRS	Differential Response System
FAR	Family Assessment Response
IAR	Institute of Applied Research

Introduction

The Differential Response System utilized by child protective services in Minnesota has been revered as a best practice model by field professionals since its implementation process began over a decade ago. Institutionalized statewide by Minnesota legislature and formally named the Family Assessment Response (FAR) on August 1st 2005, Minnesota’s model was originally developed as part of a widespread child welfare reform movement.

Impetus For Change

Towards the end of the 1990s, the federal government began offering block grants to states that were developing more innovative and effective family service programs. This triggered child protection staff to analyze whether their practice was as effective as it could be in responding to families and promoting child safety. The rate of investigations substantiated for child abuse or neglect peaked at 40 percent around this same time, but services were provided at a significantly lower rate. Erin Sullivan-Sutton, Assistant Commissioner of the Minnesota Department of Health and Human Services, explained that an overwhelming portion of received child abuse reports alleged neglect to the child, and that this neglect was very often the result of poverty. This raised the question of whether families that were unable to provide for their children’s essential needs due to a lack of financial resources were able to respond to the punitive interventions that were standard practice in the traditional model. Dave Thompson, the current Child Protection Manager in the Child Safety and Permanence Division of Minnesota’s Department of Health and Human Services, described this catalyst, “We recognized that the biggest correlate to abuse is poverty. The forensic approach [of the traditional investigative model] focuses on compliance and poverty doesn’t respond to that. You can’t just say ‘Don’t be poor’ or ‘Don’t be homeless’. We realized that families might be better off if we focused on resources rather than on compliance.”

Although this emphasis on compliance and punitive intervention was effective in increasing child safety when public child protection agencies were first created in the middle of the 20th century, those methods were no longer applicable to the majority of child abuse reports received by Minnesota, noted Thompson. Federal and state statutes had changed and expanded to include a wider variety of types of abuse, such as medical and educational neglect. However, the method of responding to cases like these, that alleged a lower-level severity of abuse, did not change with the statutes. Minnesota recognized that a disconnect had developed between identifying the needs of a family and addressing those needs effectively.

Key individuals throughout the state, such as Erin Sullivan-Sutton, who was the Director of the Child Safety and Permanence Division at the time, began researching whether or not there was a more productive way to support these families. They found that their neighboring state, Missouri, was using a dual-track response system which allowed their child protection agency to separate cases based on the severity of alleged abuse and the families' needs. This method gave caseworkers more flexibility in responding to families and resulted in more positive interactions between caseworkers and families. Missouri's use of a dual-track system contributed what was perhaps the most significant catalyst to Minnesota's child welfare reform – the understanding that it is possible to set aside the investigative approach and still keep children safe.

“You can't just say 'Don't be poor' or 'Don't be homeless'. We realized that families might be better off if we focused on resources rather than on compliance.”

Overview Of The Model

Minnesota began researching how to develop an alternative response system in child protection investigations nearly two decades ago. Their system, which eventually became known as Family Assessment Response, was first implemented in select counties in 2000 and has now been successfully implemented statewide for more than seven years. At the core of this Differential Response model is an emphasis on creating a partnership with families, providing them with relevant and effective resources, and respecting their wisdom as to who they are and what they want.¹

The public child protection agency in Minnesota generally maintains responsibility for the case after the assessment and during service delivery in 85 of the 87 counties in Minnesota. If the needs of the family involved are highly specific and would be better addressed by a specialized private agency, then the third-party agency may provide the services; in these rare instances, case management would continue to be done by the public agency. In the two remaining counties, Ramsey and Hennepin, which

¹ Dave Thompson. Telephone interview by Brean Flynn. March 4, 2011.

include the urban areas of St. Paul and Minneapolis respectively, services are most often provided by a community agency and not the public agency that completed the assessment. The respective counties did this, in part, to help provide a choice to the family regarding language, culture, and geographical accessibility to local community agencies.²

Unlike many states, Minnesota is a state-supervised, county-operated social service system. This means that each county is given a great deal of autonomy in developing protocol specifics within the state-mandated child protection system. As compared to their state administered counterparts, Minnesota's county administered system operates so that reports of child abuse and neglect are received at local offices in the county of the alleged victim's residence. Furthermore, the case life exists, from the report intake through assessment/investigation and services to case closure, solely within the boundaries of the county (barring any extreme circumstances of the case such as state or federal crimes being committed). As can be expected, a county-operated system does present some challenges when attempting to roll out reform or a new practice model statewide, as discussed in further detail later in this chapter.

How A Report Moves Through The System

Intake and Screening Process

Across all counties in Minnesota, approximately 70 percent of reports that are accepted for child protection intervention are placed on the Family Assessment Response track.³ The remaining 30 percent are placed on the traditional investigation track. As mandated in Minnesota state statute, child abuse and neglect reports that allege substantial child endangerment, such as sexual abuse by a child's primary caregiver, or reports that involve licensed child care households, for either licensed foster care or licensed day care, are required to be placed on the traditional investigation track when the case is first opened.⁴ Cases can also be placed on the investigation track at the discretion of the county intake worker and supervisor team that receives the child abuse and neglect report. In some counties, workers may be more apt to place a family on the traditional investigation track due to discretionary qualifications (e.g. the agency has received multiple reports with similar allegations of abuse or neglect in the past; or

² Thompson, March 4, 2011.

³ Thompson, March 4, 2011.

⁴ Reporting of Maltreatment to Minors, Pub. L. No. 626.556, § 626, State of Minnesota (2007).

the agency has reason to believe that the family may be a flight risk if engagement and Family Assessment Response is attempted).

An important component of Minnesota’s Family Assessment Response is that the model does not change whether or not a report of child abuse or neglect will be investigated by the Department, just in what format the investigation will be – either a traditional investigation or an alternative family assessment. Specifically, it is in place to determine what method of intervention the child protective agency will utilize. Patrick Coyne, the Director of Social Services in Minnesota’s Dakota County, described this very effectively, “We’re using two different modalities [traditional investigative track and Family Assessment Response] but both are similar in that our intervention is meant to be helpful. If FAR wasn’t developed, there would still be a child protective report in the traditional world.” The system is similar to a sorting method that helps determine what type of intervention is most appropriate for a family based on the individual characteristics of the family and the case.

In-Home Assessment

To determine what type of intervention is most appropriate for a family, caseworkers complete an initial assessment. The initial assessment that is done for families on the Family Assessment Response track is completed by caseworkers within the county’s public child protection agency. Similar to the traditional investigative track, the initial assessment of a child’s safety for families placed on the FAR track is mandatory. Although other factors of the Family Assessment Response allow for families to choose whether or not they want to participate with child protective services, the in-home assessment that is completed when a report is first received is required. Coyne elaborated that if a family is uncooperative or is unwilling to participate in an assessment, the caseworker can attempt to gain access to the child and assess safety through other means, such as speaking with the child at school or requesting court intervention. If the child is identified as safe in their home, then as soon as the assessment is complete the family can choose to decline further intervention by CPS in relation to that specific report.

Missouri’s use of a dual-track system contributed what was perhaps the most significant catalyst to Minnesota’s child welfare reform – the understanding that it is possible to set aside the investigative approach and still keep children safe.

During the 45-day assessment phase in the Family Assessment Response model, the assigned caseworker works towards building a successful and supportive relationship with the caregiver and child involved. The FAR model encourages a strength-based practice that emphasizes mutual respect and the development of a non-adversarial partnership between caseworker and caregiver so that all involved parties can work together to meet the best interests of the child. A significant part of this relies on the caseworker being able to earn the trust and respect of the caregiver

and eliminate the negative stereotype that often exists for child protection agencies and caseworkers. The Family Assessment Response model makes this possible, in part, because it eliminates the typical process of making a formal determination of whether abuse or neglect occurred (e.g. a substantiation finding), as completed in the traditional investigation. Without the fear of receiving a possible child abuse substantiation finding made against them, caregivers have been found to be more open to engagement and partnership with caseworkers to enhance their child's safety and well-being.⁵

While completing an assessment for families on the Family Assessment Track, caseworkers utilize the Structured Decision Making method. Thompson explained that this method, which is used in about half of the states across the country, includes standardized safety and risk assessment tools, as well as strengths and needs assessment tools. The risk assessment tool was developed for child protection assessments by tracking a variety of risk factors across cases. The factors that continued to be present in cases of moderate and high severity were identified as standard signs of risk. These tools help the caseworker and the agency assess safety, determine risk levels, and identify strengths and needs of families involved in reports of child abuse and neglect. Similarly, a Signs of Safety Practice Model is used to guide the practice of the caseworker and agency in determining the prevalence of protective factors such as the child and family's level of resiliency and presence of formal and informal supports.⁶

It is possible that during an assessment or an investigation, a caseworker determines that the level of risk to the child is significantly different than what was anticipated when the report was received. In such instances, these cases may switch tracks. A transfer from one track to the other occurs in approximately seven percent of cases that are opened by the county child protection agencies in Minnesota.⁷ If the caseworker and supervisory team feel it is in the best interest of the child, this transfer can occur for a case on the traditional investigation track to the Family Assessment Response track and vice versa. This can only occur within the first 45 days of the case life, while it is still in the investigation or assessment phase. A transfer cannot take place after an assessment has been completed because there is no differentiation between tracks during the next phase of a case – services and case management.

5 Gary Siegel and Tony Loman, Extended Follow-Up Study of Minnesota's Family Assessment Response - Final Report, Rep. (St. Louis: Institute of Applied Research, 2006) 10-11.

6 Dave Thompson. Email interview by Brean Flynn. April 11, 2011.

7 Thompson, March 4, 2011.

Services

Once the assessment is complete, families that are on the Family Assessment Response track are given the option of engaging in relevant services and case management based on their familial and personal needs for further support. Similar to the in-home assessment process of Family Assessment Response, caseworkers from Minnesota's county agencies are responsible for coordinating and managing services for families. These services typically last about six months but families are eligible to receive them for as little or as much time as they are needed. Thompson succinctly and effectively explained the purpose of flexibility in services for families, "We don't want to be in their life if they don't need us but we don't want to abandon them if they still need supports." Additionally, Minnesota has found that once in the case management phase, cases on the Family Assessment Response track are typically open for less time than their counterparts that received the traditional investigation.

Support and Resistance To Change

In-House

A significant factor that has contributed to the successful implementation of a Differential Response System in Minnesota has been the incredible support and advocacy efforts of agency leaders. Social service agencies often experience changes in leadership and child protective services is no exception.⁸ Minnesota's child protection agency, however, has had the benefit of stable and consistent leadership for nearly two decades. Erin Sullivan-Sutton, one of the driving forces behind the development of Family Assessment Response, is the current Assistant Commissioner of Minnesota's Department of Health and Human Services. Prior to taking on this role, however, she was the Director of the Child Safety and Permanence Division where she was at the forefront of reforming Minnesota's response to child abuse and neglect. By maintaining steady leadership such as this, Minnesota has been able to provide a continual stream of momentum that has been crucial to the successful and rapid transition of the traditional single method model of response to the dual-track method of a Differential Response System.

The supportive environment that was present at the management level while developing and implementing the Differential Response System did not trickle down as consistently to all of the Minnesota child protective caseworkers. There was a common belief among

8 Erin Sullivan-Sutton. March 23, 2011.

Minnesota Time Line

—Mid 1990s

Awareness that CPS is serving children in an inconsistent manner

caseworkers responsible for completing traditional investigations that the Differential Response System would not provide the necessary level of protection to abused and neglected children. After years of practicing child protection in a way that focused on fault-finding and removing children from their homes, it was difficult for workers to distance themselves from the mindset that the majority of parents with whom they interact are purposefully doing harmful things to their children.⁹ This resistance dissipated when caseworkers began practicing the Family Assessment Response model and experienced how it positively affected children's well-being and the caseworker-parent relationship.

—1996-1998

With additional funding from federal block grants, the state began researching DRS with the intention to implement

Further resistance was met between caseworkers at the early stages of Family Assessment Response implementation. Directors, supervisors, and caseworkers began facing a morale issue at some of the county agency offices. As the Director of Dakota County, Coyne discussed tensions that arose between caseworkers that were responsible for the Family Assessment Response cases and those that were responsible for the traditional response cases. The inclusion of the Family Assessment Response model in child protective services seemed to communicate to some that caseworkers utilizing the traditional investigation method were not employing a strength-based practice. Coyne explained that Dakota County was eventually able to resolve this friction by bringing all caseworkers together and validating the idea that all response practices are strength-based. However, the traditional investigation serves the needs of a significantly higher level of victimization and therefore needs to be conducted differently than the alternative response.

—Late 1990s

Legislation passes a statute authorizing the use of DRS in child protective investigations. However, no funding is allocated and so none of the counties can start the reform process.

The cultural change that took place in Minnesota child protective agencies during the implementation of the FAR model was undeniably difficult. The complexity inherent in completely changing the process and approach of child protective investigations cannot be underestimated – it has had to be continually addressed and validated by caseworkers, supervisors, and management-level staff since the pilot began nearly twelve years ago. Beyond just a change in skills being used on the job, such as learning how to facilitate Family Team Meetings and partnering with parents to create Family Plans, it requires a shift in underlying assumptions and values on the part of caseworkers and supervisors. To truly practice a Differential Response System method, workers need to recognize and value the strengths that a family has; believe that every family is able to use those strengths to create a safe and nurturing environment for their children; and to acknowledge that, in many cases, the trauma that is associated with removing a child from their home is more detrimental to their safety than remaining at home with their caregivers while receiving services.

—1999-2000

Submission of the grant proposal to the McKnight Foundation to fund the development and implementation of a 4 year pilot of DRS

⁹ Sullivan-Sutton, March 23, 2011.

Community

Similar to the in-house culture change of CPS, community organizations differed in their support for DRS. Some community partners, such as local law enforcement, were enthusiastic about the change. Minnesota requires cross-reporting between law enforcement and child protective services. Prior to the implementation of DRS, every report that was received by one of the county child protective intake offices was also sent to local law enforcement and an officer would accompany the caseworker to the home at the start of the investigation. Before the implementation of Family Assessment Response, this was required for every report received that met the criteria for child protective intervention, regardless of whether the report alleged any criminal activity or not. However, noted Thompson, an element of the FAR model is that reports placed on this track do not involve a determination of abuse or neglect being made, such as a substantiation finding. As a general protocol, law enforcement is not invited to conduct a joint assessment on FAR reports because FAR reports seldom involve criminally chargeable activities. Most law enforcement agencies understand the logic of child protection agency's completing independent assessments of families where the only safety risks involve concerns such as dirty homes or educational maltreatment.¹⁰ For this reason, Minnesota's implementation of a Differential Response System was strongly supported by law enforcement officers, as it only required their presence in cases where there was a need.

Minnesota also found support for the Family Assessment Response model from the court system and county attorneys. Although they expressed hesitation at the onset of implementation, they very quickly became champions for the new response system. After the first few years of the pilot program, judges and attorneys saw that the FAR model presented two outcomes that were most significant for their roles in the child protective system. According to Thompson, they found that the non-adversarial approach helped create more positive interactions between caseworkers and parents, and also resulted in the parents being more receptive to working with the courts and the judicial system. Additionally, Sutton noted that judges saw that, over an extended period of time, the frequency of child protective cases in their courtrooms was decreasing. This is associated with the Family Assessment Response model's focus on providing supportive and preventative services to families before abuse or neglect rises to the level of severe risk. With these added resources being provided, families were receiving the supports they needed before their case became serious enough to warrant court intervention.

¹⁰ Thompson, April 11, 2011.

—January 2000

Minnesota launches their pilot project of DRS in 20 of the 87 counties with McKnight Foundation funds and reallocated federal and state funding.

—2000 -2004

CPS agency officials travel throughout counties to promote DRS by leading new training modules, information sessions, and discussing the positive outcomes they were experiencing.

Counties interested in implementing the DRS model are invited to do so, even if they were not an original participant in the pilot.

The Institute of Applied Research conducts an evaluation of the pilot, including how to ensure sustainability of the model after private funding ended.

Sullivan-Sutton and Thompson agreed that Minnesota has continued to face minor resistance to Family Assessment Response from practitioners of more child-focused rather than family-focused practices. Coyne added that notable examples of these are Guardians ad Litem (court-appointed attorneys acting on behalf of a child and his or her best interests), school staff members, such as school social workers, and some medical centers. This pushback is based on the same question that some caseworkers raised at the beginning of implementation – does the Family Assessment Response model really enable us to keep kids safe? Child-focused practices exist to look at the child as an individual, autonomous from their family unit, and with their own strengths, needs, and best interests. Family-focused practices, such as the Family Assessment Response, do not separate the child from the family unit in the same way. Additionally, the underlying belief that steers a family-based practice is that what is best for the family as a whole is also what is best for the child, and that better outcomes can come from addressing the needs of the whole family rather than just the child. Therefore, child-focused practitioners have been more inclined throughout FAR’s implementation process to fear that the best interests of the child are likely to be overlooked and potentially put the child at risk when utilizing this less punitive response. Although some in Minnesota are still resistant, many practitioners have come around to understand and believe in the Family Assessment Response model as they see an increase in positive child and family outcomes over time.

Political

Another area where Minnesota anticipated resistance was in the political arena. Thompson noted that CPS officials recognized the likelihood of political resistance to a Differential Response System in the earliest stages of development and took preemptive actions by engaging the legislature throughout the entire process. Key legislators and administrators of Missouri were invited to Minnesota to discuss, in an open forum, recommendations and suggestions from Missouri’s experience in developing and implementing DRS. Minnesota legislators were involved continually in similar forums with their child protective agencies and workers at all levels. This partnership paid off. By the time Minnesota personnel were hoping to pass legislation that would institutionalize the Family Assessment Response, legislators were already familiar with the model and the likely positive outcomes associated with it. The legislation that required Minnesota counties to include FAR as the preferred response method, ultimately passed without one dissenting vote.

Pilot

Funding

The political support established early in the transition process, as well as the opportunity presented by the federal government to gain additional block grants and flexibility in federal spending, prompted Minnesota to pass legislation at the end of the 1990s that authorized the use of an alternative response approach in child protection investigations. However, this legislation did not allot any funding for counties to develop or implement this response. Counties wanted to utilize best practice, but without additional monies for research, design, and services, it was impossible to move forward. For that reason, Sullivan-Sutton reached out to the McKnight Foundation, a Minnesota-based foundation that provides grants to organizations dedicated to addressing community needs and improving the lives of all Minnesota residents.¹¹ After receiving a positive response from the McKnight Foundation, Sullivan-Sutton submitted an application for a five million dollar grant to be spread over a four-year pilot period. The funds were granted to the Minnesota statewide child protection agency, with a portion of the funds being directed specifically to researching the sustainability of a Differential Response System after the pilot program was over. Along with these funds, Sullivan-Sutton was able to redirect several state and local monies from Title IV-B, the Stephanie Tubbs Jones Child Welfare Services Program, and from Title IV-B 2, Promoting Safe and Stable Families, funds.¹² With these funds, Minnesota was able to dedicate a total of fifteen million dollars towards developing and implementing a Differential Response System pilot project.

Development

In 2000, Minnesota's pilot project for Differential Response System was launched and applications from counties interested in participating in the voluntary four-year project were solicited. Twenty counties applied to be part of the pilot. Although this represents only 23 percent of the 87 counties in Minnesota, the 20 applicants included 70 percent of the child abuse and neglect reports received statewide.¹³ It was decided by the state agency that no county that expressed an interest in participating in the pilot would be excluded from the experience. The belief that a Differential Response System would improve the quality of practice so radically meant that the state was determined to make the pilot work for every county that was willing to attempt this change.

11 "McKnight Foundation : Welcome," McKnight Foundation, 3 Apr. 2011 <<http://www.mcknight.org>> .

12 Sullivan-Sutton, April 14, 2011.

13 Thompson, March 4, 2011.

January 2004

The pilot ends. By this time, all of the 67 remaining non-pilot counties have opted to implement the model in their county. DRS is implemented statewide.

Minnesota then issued Requests for Proposals to develop the model protocol that would be used during the pilot from each of the twenty counties. Additionally, they created a Parenting Advisory Committee in order to hear directly from parents involved with child protective services. The agency recognized that having input and recommendations directly from CPS consumers was critical to developing a model that emphasized a non-adversarial and family-focused approach. According to Thompson, these committees helped guide key decisions about the model that would eventually be known as the Family Assessment Response, such as whether caseworkers should bring law enforcement with them during the first visit to the home; whether they should go to schools to interview children before parents; and whether caseworkers should give notification to families about the assessment rather than going to their homes unannounced. Minnesota personnel involved in the development process learned that it would be most advantageous not to bring law enforcement to homes, to schedule appointments with families ahead of time, and to have parents interviewed before children. From these discussions between policy makers, management level staff, caseworkers and parents, the agency began to develop and pilot their Differential Response System.

Evaluation

Once the pilot was under way, Minnesota invested in a rigorously designed large-scale random clinical trial, conducted by the Institute of Applied Research (IAR) to measure the outcomes of their DRS model.¹⁴ The IAR randomly selected families for both experimental and control data. By tracking and comparing outcomes for families in both samples, they were able to determine the effects of the Differential Response System approach on eligible families involved with child protective services.

November 2004

The IAR publishes the pilot evaluation. Key findings state that the DRS model implemented in Minnesota promotes better engagement between caseworkers and families, results in fewer out-of-home placements, and keeps children as safe, if not safer than, the traditional investigative model.

The Institute of Applied Research evaluation, published in November 2004, found that caseworkers and families all preferred the Differential Response System approach and that families responded more positively to it than to the traditional approach. Additionally, families on the DRS track were almost 20 percent more likely to receive specific services beyond just case management after the assessment was completed. One of the significant findings of the evaluation is relevant to the concern most frequently linked to DRS: it found no data to support the claim that the Differential Response System model sacrifices child safety.

Alternatively, researchers found that workers actually reported more improvements in child safety factors by the end of the case

¹⁴ Thompson, April 11, 2011.

than had been identified when the assessment first began.¹⁵

Scale-Up

These positive effects of the new approach to child protection motivated many additional counties to begin implementing DRS. The pilot project of Minnesota's Differential Response System was intricately connected to its scale-up efforts. In fact, a large portion of the roll-out occurred within the four-year pilot project due to the positive outcomes found in the 20 piloting counties. The majority of individuals in leadership roles from the counties participating in the pilot program had supported creating a Differential Response System in Minnesota since it was first discussed years earlier. For this reason, the pilot project was able to dedicate part of its funds to holding conferences and trainings that would promote Differential Response Systems specifically at the caseworker and supervisory levels. Regional meetings were held on a quarterly basis with all counties invited to attend, whether they were part of the pilot project or not. At these meetings, caseworkers and supervisors shared their personal evaluations of the Differential Response System, including experiences, lessons learned, and practice suggestions for the DRS process. Additionally, they found that the pilot project was self-reinforcing: families were responding to the Differential Response System approach differently than the traditional investigation and were more willing to cooperate with the agency and work with the caseworker to enhance the safety of the children. Caseworkers discussed how it helped them create more positive relationships with parents, that families were reporting being more satisfied with the Department and their caseworker, that it was reducing maltreatment by providing services earlier, and that it decreased the quantity of child removals and therefore the financial costs associated with out-of-home placements.

Since all counties across the state were welcomed at these conferences, the positive feedback being given by caseworkers and supervisors in the pilot project encouraged non-piloting counties to implement the Differential Response System model, as well. To further encourage the momentum that was created at the regional meetings, the Department went to the non-pilot counties and actively promoted the Differential Response System approach. They gave detailed presentations on the approach and outcomes of the practice, provided training sessions to caseworkers and supervisors, and gave them access to the research and tools helpful to implementing DRS. The positive evaluations by workers were spreading just as quickly across county offices. For example, one of the counties involved in the pilot project was Dakota County. Directed by Patrick Coyne, caseworkers could select themselves for the positions that would be responsible for the Differential

¹⁵ Siegel and Loman, 11.

August 2005

Legislation passes that renames the Differential Response System in Minnesota as “Family Assessment Response”. At this same time, the state legislature institutionalizes the model as the preferred method of responding to reports of child abuse and neglect throughout the state.

2010

Analysis shows that Minnesota experienced an incremental 35 percent decrease in out-of-home-placements and a 10 percent decrease in reports received alleging child abuse and neglect since the implementation of DRS in 2000. The rates of families re-reported for abuse or neglect within one year of their DRS case closing remain lower than re-report rates of families that were on the traditional investigative track.

Response System cases, rather than assigning them without caseworker input. This gave workers that wanted to try the new practice model the opportunity to do so, but also allowed workers that were more comfortable with the traditional investigation to continue practicing that approach. Ultimately, more caseworkers in Dakota County were interested in working the Different Response System cases than the number of slots available for the office.

As of February 2004, the four-year pilot project came to an end. At that time, the Differential Response System was implemented statewide. The pilot project, which started with just 23 percent county-involvement, concluded with a 100 percent statewide roll-out. These additional 67 counties were not formally part of the pilot project but each implemented the DRS model within their county at some point over the four years. However, because they were not one of the original twenty counties that applied to participate in the pilot, they were not eligible for the funds dedicated to the 2000-2004 project. The results of the evaluations, the recommendations by other caseworkers and supervisors, and the effort that Department leaders made to provide trainings and education on the DRS model to all counties, was too overwhelming to ignore. These counties independently found their own funding sources in order to improve the quality of their practice and increase safety outcomes for children within their respective counties prior to February 2004. Once the pilot project officially ended, any remaining funds were made available to all 87 counties based on the percentage of families served by the Differential Response System model in each county office. This, in turn, created a financial incentive for counties to place a higher rate of eligible families on to the DRS track.

Training

As more counties began to implement DRS across the state, Minnesota began to think about the best way to train CPS workers. Training for child protective caseworkers in Minnesota followed the Child Welfare Training System program prior to piloting the Differential Response System model. This program is based on the investigative approach to child protection. A portion of the training, for example, involved having caseworkers attend a several-hour long presentation on their first day of work where they were shown photograph after photograph of severely abused and neglected children. However, the Department realized that it was difficult to expose new caseworkers to photographs that only portrayed a very small subset of cases they received, and then expect them to be able to go out in to the field with a trusting and non-adversarial approach towards families.

To truly practice a Differential Response System method, workers need to recognize and value the strengths that a family has; believe that every family is able to use those strengths to create a safe and nurturing environment for their children; and to acknowledge that, in many cases, the trauma that is associated with removing a child from their home is more detrimental to their safety than remaining at home with their caregivers while receiving services.

A portion of the McKnight Foundation grant allowed the Department to develop an entirely new training procedure that would better prepare caseworkers for practicing this new approach. According to Thompson, they researched multiple strength-based training models, such as the Formal Family Group Decision Making Model from New Zealand as potential frameworks. They ultimately used a less formal and structured version of this model called the Family Unity Model. This model emphasizes the core constructs of what became the Family Assessment Response – working in partnership with families, honoring their wisdom, and respecting their wants.

An additional portion of the training for appropriately practicing the Differential Response System further included the expertise of families that had been involved with child protective services. Coyne explained that parents were invited in to the trainings and led a seminar that expressed to the caseworkers how it felt, as both a parent and a human being, to have someone show up at their front door belittling them and accusing them of negative things. Parents were videotaped discussing their experiences with caseworkers and the Department, and what could have been done differently to positively change the experience for them. These videotapes were distributed to counties across the state and became an invaluable piece of caseworker training.

Developing the Differential Response System training procedures for caseworkers has been continually evolving in Minnesota since the pilot began in 2000. Along with the Family Unity Model, the Department also facilitated trainings on specific practices and elements of the DRS model for caseworkers to take throughout their career. These trainings were required for caseworkers from counties participating in the pilot project but were open to all other caseworkers. Focusing on topics such as ethnographic interviewing, attachment and separation, solution-focused therapy, and understanding family dynamics, these trainings continued to be offered throughout the scale-up of the Family Assessment Response, as well as today.¹⁶ They remind caseworkers about executing a strength-based, respectful, and non-judgmental practice.

Regulation Changes

The culture, practice, and training of child protective services were not the only areas that changed with the development and statewide implementation of Differential Response System. The positive outcomes associated with the pilot project and the expeditious roll-out, resulted in significant public policy reforms in Minnesota. In August 2005, less than twenty months after the pilot project officially ended, the Differential Response System model

¹⁶ Thompson, March 4, 2011.

in Minnesota went before the state legislature and was officially entitled the Family Assessment Response. Additionally, legislation was passed at that time which institutionalized FAR as the preferred method of response to child abuse and neglect reports in Minnesota. This means that every report received at any of the 87 county intake offices is assumed to be on the Family Assessment Response track unless it meets one of the statutory or discretionary criteria for exclusion. The reasoning for the name change from Differential Response System to Family Assessment Response was related to this same statute. Policy makers believed that keeping the name of the new model to include “differential” or “alternative” implied that it is not used for the majority of cases. When, in reality, the new response method was applied to most reports of child abuse and neglect received by intake offices.

Future Plans

After nearly twelve years of implementation, Minnesota continues to evolve its child protective system to ensure that it represents best practice. As Thompson pointed out, “There has been a statewide culture shift. But this shift is more significant and embedded in one third of Minnesota counties. Another third are competent in the new practice, and another third still need additional growth. Even after 12 years it’s not done - it’s still being evaluated and changing over time.” Minnesota found that shifting the core values of a practice as multifaceted, as child protective services is not something that can be done through just providing new trainings, supportive research, or policy changes. In order to change the intrinsic nature of the practice and what it represents a combination of all three of these, plus more, is necessary.

Due to budgetary issues, Minnesota has been unable to sponsor any additional evaluations. However, they have been collecting their own data related to child safety. Since a key element of Family Assessment Response is that a determination of abuse or neglect is not made, as it is for cases on the traditional investigative track, it is impossible to track recidivism rates for FAR cases. However, Thompson pointed out that Minnesota does record whether a family with a case on the Family Assessment Response track is re-reported within one year of their case being closed. This data is then transferred to a trend analysis for evaluative purposes. Minnesota has consistently found that the number of FAR families being re-reported is modest and continues to be better than the re-report rates for families from the traditional investigative track.

Additionally, Thompson explained that Minnesota has tracked the rates of child abuse and neglect reports received annually and out-of-home placements for children. Since Family Assessment Response was piloted in 2000, these numbers have both been falling incrementally. There are now approximately ten percent

At the core of this Differential Response model is an emphasis on creating a partnership with families, providing them with relevant and effective resources, and respecting their wisdom as to who they are and what they want.

fewer reports received alleging child abuse or neglect annually, and 35 percent fewer out-of-home placements for children. Although the data has not been obtained yet, Minnesota has plans for the future to conduct a Family Satisfaction Analysis. Their goal for this analysis is to ensure that parents on the Family Assessment Response track are, in fact, continuing to have a more positive experience with the Department, their caseworker, and services than parents that have received the traditional investigation.

Key Takeaways

The experiences of Minnesota, from research of Differential Response Systems to successful statewide implementation, result in numerous lessons learned by agency staff, community members, and policy makers. The successes and challenges that they faced along the way helped mold the Family Assessment Response model and ultimately reform their entire child protective system. The key elements that mark their transition from a single-track response system to a dual-track response system, and their adoption of this unique and nuanced model are as follows:

- » In order to implement their pilot project, Minnesota received a substantial funding grant from the McKnight Foundation, a private organization dedicated to furthering research and public policy to better the lives of all Minnesota residents.
- » The pilot project implemented in Minnesota involved only 20 of the 87 state counties. However, by the time that the project formally concluded four years later, the remaining 67 counties all opted-in to implementing the DRS model due to the overwhelmingly positive outcomes that the pilot counties experienced.
- » Minnesota officials realized that to truly practice a Differential Response System method, caseworkers need to recognize and value the strengths that a family has; believe that every family is able to use those strengths to create a safe and nurturing environment for their children; and to acknowledge that, in many cases, the trauma that is associated with removing a child from their home is more detrimental to their safety than remaining at home with their caregivers while receiving services.
- » Minnesota developed training strategies for caseworkers and supervisors that placed an emphasis on successfully engaging families, enhancing the understanding of family dynamics and child attachment, and identifying families' strengths in order to assist them in recognizing their own risks and needs. A significant portion of these new training procedures

involved parents and youth that have been involved with child protective services so that workers would have a more holistic understanding of families.

» The Differential Response System in Minnesota, Family Assessment Response, was institutionalized statewide and statutorily became the preferred method of responding to child abuse and neglect reports in August 2005. This statute passed unanimously as legislators had been involved in the DRS development process from the beginning and were therefore already knowledgeable about the positive outcomes for children and families.

» A substantial amount of credit for the successful implementation of DRS in Minnesota is given to the fact that the state experienced consistent leadership in support of the DRS transition throughout every phase of research, development, pilot and implementation.

» Minnesota has found a ten percent annual decrease in overall reports of child abuse and neglect, and a 35 percent annual decrease in costs associated with out-of-home placements for children since DRS implementation.

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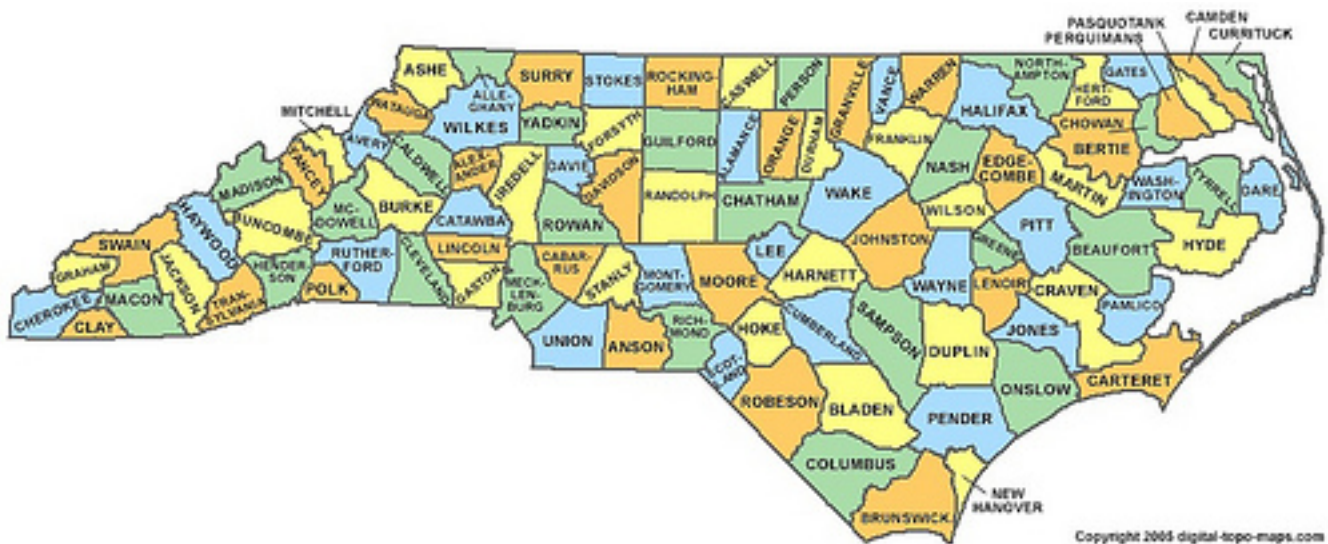
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North Carolina



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MRS	Multiple Response System
DSS	Division of Social Services
CFSR	Child and Family Services Review
CPS	Child Protective Services
CFT	Child and Family Team (MRS strategy)
PIP	Program Improvement Plan

Introduction

The Differential Response System utilized in North Carolina was launched in 2002. The Family Assessment track, North Carolina’s version of DRS, is one facet of a larger child welfare system called Multiple Response System (MRS). This approach to child protective services is based on the notion that everyone deserves respect and that child welfare can achieve the best results by partnering with families and communities.

Impetus For Change

In the late 1990s and early 2000s, the North Carolina Division of Social Services (DSS) and its county partners started to realize that the traditional model of child protective services was serving children and families inconsistently. Of particular concern for North Carolina were several child fatalities. Services were provided to families in a forensic and adversarial manner. As Jo Ann Lamm, former North Carolina Division of Social Services Child Welfare Director stated, “We were probably more focused on being compliant driven than outcome driven.”

North Carolina explored different options to improve the methods used to keep children safe. Initially, North Carolina considered simply providing two different tracks to its child protective services: a differential response track and the traditional track. Towards this end, funding from the Governor’s Crime Commission supported a researcher who explored different models of practice including what other states were doing and what appeared to be effective. To support this work, a small work group comprised of representatives from three counties (Caldwell, Bladen, and Onslow) was convened. According to Lamm, these counties were carefully selected to be a part of this process. Caldwell had an extreme interest in DRS, Onslow is home to a military installation and was interested in a different way to provide services, and Bladen is a rural county with an effective private family support provider. Families were invited to hear about the different ways

“We were probably more focused on being compliant driven than outcome driven.”

states were providing child protective services. Through this process, the state began to think about what an alternate system of child protection could look like.

Eventually, the one time funding from the Governor’s Crime Commission used to research other methods ran out. Around the same time, North Carolina shifted its focus to prepare for its first federal Child and Family Services Review (CFSR) in 2001. The findings from the CFSR, which confirmed that North Carolina was providing services in an inconsistent manner, was a wake-up call. The state realized that the implementation of services for all children and families involved in the child welfare system needed to change. A reform within the Division of Social Services (DSS) was needed and Multiple Response System was the result.

Overview Of The Model

Multiple Response System (MRS) is North Carolina’s “continuum of child welfare services, beginning with the first report of concerns about a child and his or her family and continuing all the way through finding a permanent home for those children who enter foster care.”¹ It is a partnership where county workers provide child and family assessments and community partners are part of the service array that counties use to serve families. Multiple Response System is based on six principles that are infused into every policy and practice regarding child welfare in North Carolina:

- » Everyone desires respect;
- » Everyone needs to be heard;
- » Everyone has strengths;
- » Judgments can wait;
- » Partners share power; and
- » Partnership is a process.

These principles were derived from North Carolina’s System of Care, which is a family centered framework originally developed in the mental health field for children with serious emotional difficulties. Seven strategies were designed to translate MRS

¹ North Carolina Division of Social Services, “What is Multiple Response System?” Welcome to North Carolina Division of Social Services, 30 Mar. 2011, North Carolina Department of Health and Human Services, 4 Apr. 2011 <<http://www.ncdhhs.gov/dss/mrs/index.htm>>.

principles into practice. Those strategies are:

- » Collaboration between Work First (the state’s Temporary Assistance for Needy Families program) and child welfare agencies;
- » Strengths based structured intake;
- » Choice of two approaches in response to reports of child abuse, neglect, or dependency;
- » Coordination between law enforcement agencies and child protective services for the investigative assessment approach;
- » Redesign of CPS In-Home Case Planning and Case Management Services;
- » Child and Family Teams during the provision of CPS In-Home Services and Placement Services; and
- » Shared Parenting meetings during the first seven days of placement out of the home.²

North Carolina’s child protective services agency is part of a state supervised, county administered social services system. While all 100 counties share the same laws, guidelines and documentation, every county has the flexibility to interpret MRS to fit its population and culture.

A central element of MRS, “Choice of two approaches to reports of child abuse, neglect, or dependency” is North Carolina’s version of Differential Response System and is the main focus of this report. It is important to recognize that the Differential Response System in North Carolina is nested within the larger Multiple Response System, and therefore, other MRS strategies will be mentioned throughout this report, as well.

How A Report Moves Through The System

Intake and Screening Process

The strategy, “Choice of two approaches to reports of child abuse, neglect, or dependency,” contains two child protective system tracks: Family Assessment and Investigative Assessment. When

² North Carolina Division of Social Services, 2011.

a person files a child abuse or neglect report by calling the DSS hotline, staff conducts a Strength-Based structured intake on the phone. According to Holly McNeil, MRS Consultant/Trainer, all counties have the capacity to respond to citizens who make reports of child abuse and neglect. Staff will take calls regarding reports if intake workers are occupied. The CPS Structured Intake Report tool is used to collect identifying information, the nature and details of the abuse, any safety factors, and the strengths of the family. To determine the strengths, the staff asks the reporter to share any positive facts about the family, how the family members have solved problems in the past, and knowledge about the family's culture. At a minimum, a supervisor and the intake worker are involved in the intake process and must screen the report as well as determine what type of assessment it needs. The Maltreatment Screening Tool, which is based on North Carolina statutes and best practices, helps staff determine if the report meets any of the statutory guidelines for child abuse, neglect, or dependency. If it does not meet the guidelines, the report is reassessed using a screen out tool and the reason that intervention was deemed unnecessary is documented. If the report is screened in, the staff verifies that it falls under the jurisdiction of the county where it was received and should not be transferred to another county. The staff must then determine the speed of response required. Staff must respond to an allegation either immediately, within 24 hours, or within 72 hours depending on the nature of the report. To make this determination, staff consults the response priority decision tree designed for physical abuse, sexual abuse, neglect, and dependency. Once response time is determined, the last step is deciding whether the report needs an investigative assessment or a family assessment.

Only reports of neglect and dependency are eligible for family assessment. Within MRS, each local county DSS is able to respond differently to reports of neglect and dependency. However, there is no flexibility for counties to respond differently to reports of abuse, abandonment, and other special types of reports that are referred to the traditional track.³ Ninety percent of reports in North Carolina are characterized as neglect and these cases are usually directed to the Family Assessment track.⁴ Cases characterized as neglect include inadequate child supervision, educational neglect, inappropriate discipline and unmet basic needs. North Carolina's neglect statute includes situations of substance abuse and domestic violence known as environment injurious. These cases, where there

3 North Carolina Department of Health and Human Services, "Chapter VIII: Protective Services Table of Contents," NC DHHS Online Publications - Home, 27 Apr. 2011 <<http://info.dhhs.state.nc.us/olm/manuals/dss/csm-60/man/>>.

4 Courtney Smith, Patrice White, and Daniel Comer, Cornerstone III: Self-Study Guide for Family Assessment, Rep. (Morganton: Appalachian Family Innovations, 2006).

is no imminent danger to the child, are typically assigned to the Family Assessment track.⁵ Although the majority of neglect reports are candidates for family assessment, there are a few exceptions. All reports filed regarding abuse and/or neglect concerning a child who is in DSS custody or a child in a residential facility, family foster home, or childcare facility must be directed to the Investigative Assessment track.⁶

In-Home Assessment

The object of the in-home assessment process is to determine whether the child is at risk and to develop a service plan that is a good fit for the family. Although all counties in North Carolina share the same goals, they all follow a slightly different assessment process. In some counties, workers are assigned to manage cases either on the Investigative track or on the Family Assessment track. This usually occurs in larger counties that receive a higher volume of reports. Other smaller counties choose to cross-train workers so they are able to respond to reports in both ways. These counties found it inefficient to have individual response teams for each track, because there were only enough investigative cases to keep one worker busy due to the low volume of severe abuse reports. An additional benefit was that workers who were cross-trained to respond along both tracks could assist with cases when a caseworker was out due to maternity or vacations.

Counties also vary in how cases are assigned. In some local county DSS offices, supervisors determine which worker shall be assigned to the family. In other counties, the report is sent to a social worker team that discusses and determines together which worker is best equipped to handle the case. No matter the method that cases are assigned, each local county DSS is required to ensure that the “average CPS caseloads shall be no greater than ten families at any time for workers performing CPS assessments, and ten families at any time for staff providing In-Home services.”⁷

Once a report is assigned to a caseworker and placed on the Family Assessment track, the procedure is the same across all counties in North Carolina. A caseworker must schedule a home visit with the family at the family’s convenience within 72 hours. During the home visit, the worker can interview the child alone, but must first explain their intentions to the family and attempt to obtain their permission. Interviewing the family together is often the best option. On the first visit, the North Carolina Safety Assessment should be completed to determine whether there any immediate

5 North Carolina Department of Health and Human Services.

6 North Carolina Department of Health and Human Services.

7 North Carolina Department of Health and Human Services, Section 1406.

safety concerns. During the assessment period, which is around 45 days, the worker should collaborate with the family in completing the tools needed to determine a finding: the North Carolina Family Risk Assessment of Abuse/Neglect and the North Carolina Family Assessment of Strengths and Needs. While working on the tools with the caseworker, the family is made aware of the family assessment process and what information DSS will use to make a case decision. Interviews with collateral contacts are important to making case decisions and families are asked to identify people they would like the agency to contact. The worker informs the family about discussions with professional contacts and the family is welcomed to participate in the interviews. During the process, if the worker feels that the case should be moved to the investigative track, it is possible to do so within the 45-day assessment period.

Once the family assessment is complete, the North Carolina Summary/Initial Case Plan form is used to make a case decision or finding. North Carolina has four possible findings. If the answer to one or more of the questions on the form related to frequency and severity of maltreatment, current safety issues, risk of future harm, or whether or not the child is in need of protective services is “yes,” the finding should be “Services Needed.”⁸ In these cases, it is mandatory for the family to receive services because the agency believes that services or monitoring is needed to decrease the risk of harm and to address safety concerns.⁹ In a face-to-face interview, the family is notified of the finding and that the child is at risk of being placed in foster care.

If safety and future risk of harm is not a concern, then there may be a finding of “Services Recommended.” The services are voluntary and if the family chooses not to participate, the agency can decide not to intervene. If there are no needs identified beyond the original report, the finding may be “Services Not Recommended.” If, at the beginning of the assessment process, services were required due to safety concerns, but the services had minimized or eliminated the concern, the finding may be “Services Provided, Protective Services No Longer Needed.”¹⁰ If a family receives one of these three findings, they are notified via letter within seven days.

Services

Whether the case is on the Investigative track or the Family Assessment track, services are provided to meet a family’s needs.

8 North Carolina Department of Health and Human Services, Section 1408.

9 North Carolina Department of Health and Human Services, Section 1408.

10 North Carolina Department of Health and Human Services, Section 1408.

These services are provided through Child and Family Team (CFT) meetings, a key MRS strategy. Through these meetings, families are engaged in the planning process to help them identify which services best meet their needs. McNeil notes that families are viewed as the experts on their own situations, and that family, local county DSS, and the service providers collaborate to provide services. There are two types of in-home services: CPS In-Home Moderate Services and Family Support Services. CPS In-Home Moderate Services are provided to families with a case finding of “Substantiated” or “Services Needed”. In these instances, families experience frequent contact by the local county DSS caseworker in addition to services. The worker also must make two collateral contacts per month such as communication with a therapist, childcare provider or Work First worker. Through these measures, risk and safety is constantly being assessed. If risk or safety concerns are raised, there is a CFT meeting to explain to the family what steps may need to be taken to ensure the safety of the child.

Family Support Services, or Non-Intensive Family Preservation Services, are provided to families with a case finding of “Services Recommended” and are voluntary. These services “are a group of interrelated assessment, prevention, education, or treatment services, and activities designed to enhance parents’ abilities to become self-sufficient and care for their children. They are also intended to increase children’s school performance and behavior; self-esteem and leadership skills.”¹¹ Service provision is loosely structured to meet the individual needs of each family, and it is mostly left to the discretion of each caseworker to determine where to access services for their client. Some county DSS offices have contracts with providers, so caseworkers may refer families to these organizations. However, the agency maintains overall responsibility for the case. The focus is on the services the family identifies and so most county DSS offices do not rely on preexisting contracts but instead determine which community provider will best meet their needs.

Informal supports are also utilized. For example, a parent may mention that he or she respects an aunt, who the parent believes is a good caretaker of her children. The Division of Social Services would provide parenting materials to the aunt so that she could assist the involved parent in becoming a better caregiver. Some local county DSS offices even use episodes of popular shows such as “Nanny 911” to help families learn parenting skills that reflect the exact issues that a family is going through and to show them some of the tactics used to reach positive outcomes. McNeil explains that these informal supports ensure that the families have continuous support, and that this support will remain even after the case closes.

Multiple Response System (MRS) is North Carolina’s “continuum of child welfare services, beginning with the first report of concerns about a child and his or her family and continuing all the way through finding a permanent home for those children who enter foster care.”

¹¹ North Carolina Department of Health and Human Services, Section 1 412.

Local county DSS offices consistently monitor families and provide quarterly assessments of the families to make sure that their progress is smooth. Families receive services for as long as necessary, and frequently CFT meetings are conducted to ensure that the family's needs are met. If, at any point, it can be determined that a family no longer needs in-home services or agency intervention, the case will be closed.

Support And Resistance To Change

North Carolina's model of practice, Multiple Response System, took less than four years to develop and implement. The federal Child and Family Services Review (CFSR) and the Program Improvement Plan (PIP) that resulted from the findings were starting points for North Carolina's Division of Social Services to begin seeking support for changing the child welfare system. As Tony Troop, former North Carolina DSS MRS Consultant, stated, "North Carolina did not achieve substantial conformity in the CFSR outcomes. We were able to go to many of our stakeholders and say that if we do not ensure consistency in practice statewide and ensure our practice is in a more family centered way, we run the potential risk of losing federal funding."

In-House

From the start, North Carolina recognized that bringing partners into the process at an early stage would be instrumental in gaining support for the transition. Staff at North Carolina's Division of Social Services had to convince many social workers that this new model was a better alternative to the traditional system. By encouraging social workers and supervisors to contribute to the practice model, and welcoming their input, DSS managed to preempt much resistance.

One forum for input was the three-county work group briefly mentioned above. This team was originally assembled to review how DRS had been implemented in other states, but also became part of the visionary process of DRS. As a precursor to the first pilot stage, the three counties invited community partners and families in their region to discuss how to translate the seven principles of MRS into practice. In this way, they were able to include stakeholders in designing a framework for DRS before the pilot even began. These counties came to trust the model because they were included in the design process from the very beginning.

North Carolina's Division of Social Services invited more counties to join the process by mailing letters to the child protective offices in all 100 counties to seek their support in changing child protective services. Lamm described the message to the counties as

North Carolina Time Line

Late 1990s and 2000

Awareness that CPS is serving children in an inconsistent manner.

Funding from the Governor's Crime Commission is used to research alternative models and a three county work group is convened.

2001

Federal Child and Family Services Review (CFSR) occurs and a Program Improvement Plan (PIP) is created.

2002

Selection of the 10 pilot counties.

emphasizing that “now is the time for us to begin the development of PIP, but more importantly, now is the time to learn how to improve and enhance how we provide services for children and families. We asked if they would be willing to reshape child welfare in North Carolina.” Many counties expressed an interest in becoming part of a core group of counties involved in developing and implementing MRS. At county meetings to develop North Carolina’s practice known as MRS, there was a state presence to demonstrate support and commitment to this model. Eventually, because of their many contributions, most social workers eventually felt ownership of the model. However, even when the MRS model went statewide, there were a few counties that had lingering doubts. They were given time to observe other counties implement MRS before moving to implementation themselves.

It was always the stated intent to move the MRS practice model statewide as soon as the infrastructure at the state level could support the efforts locally. Troop noted that one step towards providing this support, was the creation of designated MRS staff positions, the MRS Coordinator and later the addition of the MRS Consultant. In addition, senior staff members including Team Leaders, Section Chiefs, the Deputy Director and the MRS Coordinator met with the counties every month to show the stability of leadership at the state level. With senior state level staff and county workers in the same room, implementation, and DSS policy and practice issues could be immediately resolved. The presence and support of staff at State DSS meant a great deal to the county workers as they experienced the importance of their buy-in and involvement, and it was clear that staff at both the state and local county DSS offices were committed to reshaping North Carolina’s child welfare system.

Community

To ensure continued support once the transition to MRS was in place, staff in DSS offices at the state and county levels focused on educating current and potential community partners about MRS and DRS. As a result, community partners were prepared well before the pilot phase. Overall, the response to MRS was positive: mental health and substance abuse organizations embraced the idea of family centered practice, and law enforcement partners were also supportive because they believed that DRS would help limit police involvement to only cases that needed it. In addition, consumers and foster families were invited to join a statewide collaborative body that serves as an advisory board. Through this forum, families were encouraged to contribute to the planning and implementation of the model. Finally, The Center for Child and Family Policy at Duke University, which has long been involved with child welfare issues, agreed to partner with DSS to provide evaluations.

Despite the fact that DRS was generally well received, several community partners resisted the changes that DSS was attempting to make. These organizations were typically child-focused, and were concerned that the new MRS system was sacrificing the safety of children by focusing on the family. The school system struggled with the new level of engagement. With the traditional system, workers would visit the schools; interview children, guidance counselors, and teachers; and made sure the school was aware of the status of the investigation. With MRS, the focus was on the family, which meant that workers were no longer visiting schools. Many schools were concerned that with DSS child protective workers interviewing children with their families, the integrity of the information could be compromised. These schools felt that with the new practice model, child protective workers were relinquishing control, and therefore, sacrificing the safety of children.

Another source of resistance were Guardians ad Litem. A guardian ad litem is an individual appointed by the court to protect the interest of a minor.¹² Many Guardian ad Litem agreed with schools that DSS and child protective workers were jeopardizing the safety of children. They believed that there would be a decrease in the number of petitions sent to the courts. This decrease would indicate that cases that fit the criteria for a petition were not being transferred to the courts, and therefore, children would be left in harm's way. Resistance from schools and Guardians ad Litem, in varying degrees, still exist today.

Political

At the state level, politicians had been generally aware of the changes that were occurring in the child welfare system. In the 1990's, when North Carolina first began to research other approaches to CPS, it was arranged for the child protective services director from Missouri to speak before the state's General Assembly. Missouri was one of the first states in the 1990s to test out different approaches to child protective services. The members were impressed but did not take an active role in changing the system. In 2003, a reporter from Mecklenburg county published a series of articles covering all the child fatality reports from the early 1990s. These articles prompted the House of the General Assembly to convene a committee on child protective services, foster care, and adoption. State DSS seized this opportunity to educate the General Assembly members about the Multiple Response System and Differential Response System models. At that time, the ten counties had started piloting the program and the evaluators had enough information on how MRS was affecting child protective

12 US Legal, Inc., "Guardian Ad Litem Law & Legal Definition," Legal Definitions & Legal Terms Defined, 22 Apr. 2011 <<http://definitions.uslegal.com/g/guardian-ad-litem/>>.

services. Social workers who were part of the pilot talked to the General Assembly. The members strongly endorsed the change to the MRS practice model, with not one member of the General Assembly speaking out against the model.

May 2002

Development of design and strategies of MRS.

August 2002

Pilot counties start implementation of at least one strategy of MRS.

2003

The House of the General Assembly convenes a committee on child protective services.

Pilot counties starts implementation of at least one strategy of MRS.

The Center for Child and Family Policy at Duke University decides to provide the pilot evaluation pro bono.

Pilot

Funding

When the North Carolina Division of Social Services presented to the General Assembly and asked to proceed with a pilot project, the division did not seek any additional funding to implement the pilot. According to Lamm, DSS was serving the “same families, providing the same service, we were just going to deliver the services in a different way.” The fact that the agency did not request additional funds contributed to the General Assembly’s willingness to pass the legislation permitting DSS to proceed with the pilot. In addition, the General Assembly mandated that DSS conduct an evaluation of its pilot. Although this would prove difficult to do without additional funding, North Carolina decided not to seek private funding from foundations or other outside sources. In the past, it was difficult for state agencies to sustain a program once the private funding ended. Therefore, the Division of Social Services was determined to serve families in a different way within their budgets. The upfront cost of MRS was building an infrastructure to support county implementation. Priorities were adjusted and funding was found within the budget to provide training and technical assistance to the counties. However, DSS was not able to find funding for the General Assembly mandated evaluation.

Development

As mentioned above, the State DSS issued letters to the states 100 counties asking them to participate in re-defining child welfare practice. In this mailing, they also asked counties if they were willing to pilot the program. Around 30 counties indicated an interest, and of those, ten were selected. Those counties were Alamance, Bladen, Buncombe, Caldwell, Craven, Franklin, Guilford, Nash, Mecklenburg and Transylvania. Lamm explained that the selection criteria focused on creating a representative sample in terms of size and population demographics of all 100 counties in the pilot group. The final ten counties involved in the pilot were a mixture of small rural areas, more urban regions, and a county with the largest metropolitan area in the state. In addition, one county selected had a significant Native American population. Finally, because North Carolina has many large military installations, it was important to pick a county that contained a military base. The North Carolina Division of Social Services, in conjunction with the North Carolina County Directors

of Social Services Association, based the selection criteria on the counties' willingness to participate, stability in leadership at the local level, and performance determined by the CFSR. Lamm stated, "We wanted it to be successful and so we were strategic in the selection but it was important to make sure we engaged counties at all levels to ensure that we just didn't select the cream of the crop." To be successful, the model needed to be piloted in some counties that were facing challenges.

The final pilot counties were selected in May 2002. At that time, the State DSS and the ten selected counties worked diligently to prepare for the pilot project as quickly as possible. State staff continued to update the General Assembly about the pilot and seek their interest. Internally, State DSS examined its policies and practices, keeping the question "How would you want this to feel if it were happening to you?" in mind. The state agency made sure that they were fully equipped to provide support and training to counties implementing MRS. State staff, county workers, and supervisors from the ten counties developed the framework of practice which included DRS. Regular meetings were held all over the state and all were invited to participate. By August 2002, within just four months of being selected, the ten counties were ready to implement at least one strategy of MRS. In most cases this strategy was the Differential Response System model.

Internally, State DSS examined its policies and practices, keeping the question "How would you want this to feel if it were happening to you?" in mind.

At the start of the pilot, North Carolina suggested that counties slowly change their system. The counties decided how to make changes based on the volume of reports they were receiving. In a small county, all units changed; in bigger counties, one out of ten units changed. Once the ten counties started to implement the strategies, primarily DRS, the state agency provided support through staff in the newly created state level positions who only focused on MRS. These designated staff, the MRS Coordinator and later the MRS Consultant, provided on-going support to counties through the pilot process, and were further evidenced of the state's commitment to Multiple Response System.

Evaluation

Fortunately, The Center for Child and Family Policy at Duke University agreed to evaluate the Multiple Response System pilot project pro bono. The Center "brings together scholars, policymakers, and practitioners to solve problems facing children in contemporary society by undertaking rigorous social science research and then translating important findings into policy and practice."¹³ The Center has a unique opportunity that few

13 Center for Child and Family Policy, Multiple Response System (MRS) Evaluation Report to the North Carolina Division of Social Services (NCDSS), Rep. (Durham: Center for Child and Family Policy, Stanford Institute of Public Policy Duke University, 2004) 5.

2004

Funding is allocated to reduce caseload to 1:10 and provide future evaluations.

Selection of 42 additional counties for the second wave and the pilot counties assisted in training them.

2005

Language in the general statutes regarding child protective services is changed. The word “investigation” is eliminated and language about the assessment track is added.

2006

Statewide implementation of MRS.

Merging of the Cornerstone trainings into a single series of trainings.

evaluators have; the Center was able to observe the planning and implementation of MRS from the beginning of the process. Evaluators attended meetings in the ten counties and interviewed stakeholders. According to Nicole Lawrence, Research Associate at the Center, the evaluators were able to put “the data they collected in the context of practice,” which assisted evaluators in the development of key recommendations used to ensure continuous quality improvement in the implementation.

Since the DRS strategy is integrated in MRS, all evaluations assess MRS as a whole. Within the ten pilot counties, the evaluation examined five aspects of MRS: Child Safety, Timeliness of Response, Timeliness of Service, Coordination of Local Human Services and Cost-Effectiveness. The evaluators also examined the pilot counties’ trends and compared the pilot counties with matched control counties on overall population, child population, reported rates of child maltreatment (both investigated and substantiated), rates of children in DSS custody, and rates of children in foster care for the first time. Data was collected from child protective services reports, the services information system, surveys with family members, and focus groups.

The most important finding of the pilot evaluation was that child safety was not altered due to the implementation of the Multiple Response System model.¹⁴ Other important results were that there was no change in the timeliness of response and that MRS led to better coordination and communication across agencies. The evaluation examined the experiences of those involved with the MRS program. Findings suggested that the majority of families on the Family Assessment track were satisfied with how services were provided, and that local county social workers believed that MRS was more respectful of the families. However, workers also reported a high level of stress due to the logistics of carrying a mixed caseloads and changes in schedule.¹⁵ Finally, all ten counties were able to reallocate staff and resources without additional funding, although they did report that the change led to increased stress. The pilot evaluation findings confirmed that MRS preserved child safety, showed that the model was more respectful of families than the traditional response, and reflected some of the challenges associated with transitioning to a new program.

Scale-Up

In 2003, the General Assembly gave DSS permission to expand statewide, and in 2004 DSS was ready to introduce a new wave of counties to MRS. Letters were once again sent to counties and 42

14 Center for Child and Family Policy 2004.

15 Center for Child and Family Policy 2004, 28.

counties were carefully selected for the next wave. In 2006, MRS was implemented statewide.

Before the second wave of roll out occurred, several changes and adjustments had been made. The period to conduct an assessment was changed from 30 days to 45 days. The MRS documentation across the counties was standardized due to evaluators' difficulties in measuring outcomes. A policy manual was created based on the experiences of the pilot counties and documentation across the counties was standardized. Before the third wave of counties, a fourth finding after assessment was added. Some doubtful partners speculated about the effectiveness of MRS when so many of the case findings were "Services Not Needed". The reason behind this trend was because services were frontloaded during assessment and when the assessment period ended, the family no longer needed the intervention of the agency. The finding, "Services Provided, No Longer Needed", captures the comprehensive and successful work that was done during the assessment period.

Training

Staff within the state agency and local county agencies worked to change how they engaged and collaborated with families. Initially, staff from DSS received training developed in Minnesota called "Knock on the Door", which focused on how to initiate contact with families. Pilot counties were also retrained in family centered practice. However, it was clear that a more comprehensive training curriculum was needed before the second wave of counties started to implement MRS. The Division of Social Services and North Carolina State University worked together to develop a series of trainings, called Cornerstone Training. This series provided an introduction to MRS, implementation strategies, trainings for supervisors, and directions for applying the seven principles. These trainings were originally covered over the course of several days. According to McNeill, in 2006, the Cornerstone series was merged into an array of existing trainings that included the pre-service training as well as training for specific job functions. Over time, most of the training curricula were updated to ensure that they included the Principles of Partnership and the values of System of Care.

In 2008, a separate training addressing cultural diversity became a requirement. The focus was on emphasizing that workers should use structured decision making strategies to complete assessments. Holly McNeill stated that elements of cultural diversity and competency were also incorporated into all curricula. The final type of training offered was an optional conference called The Learning Institute. The Learning Institute was a three-day event that occurred once a year to promote the principles of MRS. The topics of this training included self-care, diversity skills, collaborating

with community partners and recognizing strengths. National and local speakers were invited to participate at The Learning Institute.

Regulation Changes

The evaluation and its recommendations led to several legislative changes. Prior to the evaluation, caseworkers had an average caseload of 12 families. The evaluation of the pilot suggested that a worker's caseload be limited to six to eight families. To allow for this reduction in caseloads, prior to the second pilot wave in 2004, the General Assembly reallocated money to provide additional funding over three years to hire more workers to reduce each caseworker's caseload to ten families. Funding was also allocated for future evaluations and conferences with the Center for Child and Family Policy at Duke University. In 2005, legislation was passed to alter the language in the general statutes referring to child protective services: the word "investigation" was eliminated from statutes referring to child protective services reports and language about assessment track and the existence of the different tracks were added.

2008

A separate diversity training became a requirement.

2009

An evaluation discloses that MRS still does not jeopardize child safety.

Future Plans

These changes to legislation and the Division of Social Services' policies and practices led to the statewide implementation of MRS by 2006. North Carolina continues to make slight changes to policies but the basic model remains constant.

The Center for Child and Family Policy continues to provide evaluations to monitor the quality and fidelity of MRS. The most recent evaluation, published in 2009, showed no indications that Multiple Response System jeopardizes child safety. Child safety as measured by overall rates of assessment and rates of substantiated maltreatment have not been adversely affected by the implementation of MRS.

2011

The Center for Child and Family at Duke University continues to monitor MRS and conduct evaluations.

Rates of repeat assessments decreased over the course of MRS implementation in the first and second waves. As counties have become more adept at practicing DRS, there has been a decrease in cases switching tracks. There has also been an increase in the frontloading of services, meaning that caseworkers do not wait until the assessment is complete to begin providing services. Instead, they start to provide them as soon as contact with the family is established. The data indicate that all counties have shown an increase in the number of frontloaded minutes over time. Increased levels of frontloaded services reduced the likelihood of a re-assessment within six months. The researchers also looked at families' experiences with MRS and found that families surveyed expressed more positive feelings about their interaction with

workers and supported the idea of one social worker for the life of a child protective services case.¹⁶

North Carolina is committed to continually monitoring MRS. In 2010, the Center of Child and Family Policy collected information about Child and Family Team (CFT) meetings, one of the key MRS strategies used to provide services. The evaluators are attempting to understand whether meetings that occur meet fidelity for the CFT model, and the effects on family outcomes of deviating from the original design. According to Lawrence, the Center is also attempting to determine whether all the cases that meet the criteria for juvenile petitions are directed towards the court system to address the concerns raised by the Guardians ad Litem. For these evaluations, the scope has been lessened. Like other states, the Division of Social Services is experiencing budget cuts. These cuts have resulted in a decrease in funds allocated for evaluation. Eventually, there may not be money for any evaluations of MRS in North Carolina.

Key Takeaways

The risks North Carolina took to reinvent the way services are provided to children and families in child protective services has led to an innovative model which provides another perspective on how children can be kept safe. North Carolina's story of change reveals important elements that make this story unique. The key elements of this states transition are:

- » North Carolina redesigned its entire child welfare and created Multiple Response System (MRS). The values, principles, policies and interventions were redesigned to focus on family centered practice, strengths, engagement of the family and partnership. MRS ensures that families that experience Differential Response receive the same kind of family centered practice consistently within the child welfare system.
- » North Carolina successfully changed how services are provided to families in protective services without any additional federal or private funding. The Division of Social Services worked within its existing budget to provide services to children in families in a different way across all counties
- » Frontline child protective workers and supervisors were asked by the state agency to assist in designing North Carolina's

16 Center for Child and Family Policy, Multiple Response System (MRS) Evaluation Report to the North Carolina Division of Social Services (NCDSS), Rep. (Durham: Center for Child and Family Policy, Stanford Institute of Public Policy Duke University, 2009).

new way of providing child protective services. By utilizing the knowledge and experience of child protective staff, not only was practice-oriented family centered model created but workers and supervisors felt ownership of the model. This inclusion of staff may have decreased in house resistance.

- » Preliminary education on MRS to community partners and inclusion of consumers in designing and implementation resulted in support and less confusion by community partners when MRS was implemented.
- » Providing education and updates about DRS and MRS to the General Assembly as well as seeking legislators input lessened political resistance. The efforts of DSS to implement MRS were supported which led to legislature that permitted piloting and eventual statewide implementation. It is also important to note that DSS's choice not to ask for funding also may have led to support and swift implementation of the pilot.
- » The support and presence of State DSS staff as well as consistent leadership at the state agency was essential in convincing county level staff that North Carolina was committed to MRS. The State DSS changed policies and procedures based on MRS values and principles before asking the counties to do the same. Having state level staff at local DSS meetings allowed the state agency to quickly address workers concerns and make swift decisions.
- » Changes to North Carolina's child welfare system did not happen overnight. The state started investigating alternate ways to keep children safe from the 1990s. However, the time the state took to do thorough research and to make a concerted effort to include almost all key stakeholders in the process may have been key to the successful pilot in 2002.

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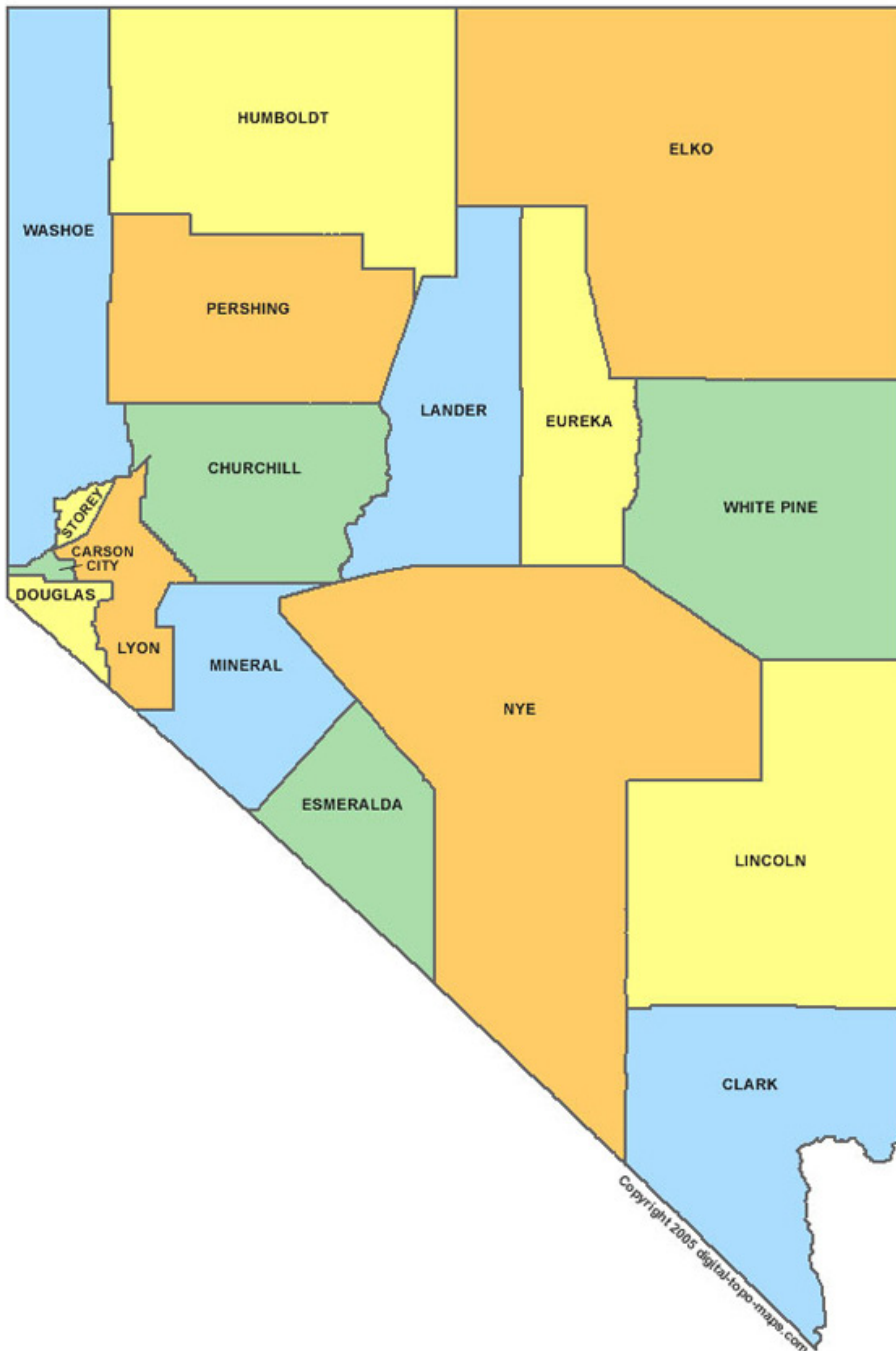
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Nevada



Source: digital-topo-maps.com

CFSR	Child and Family Service Reviews
CPS	Child Protective Services
DCFS	Division of Child and Family Services
DHHS	Department of Health and Human Services
DRS	Differential Response System
FRCs	Family Resource Centers
FRC-DR	Family Resource Center Differential Response Program
IAR	Institute of Applied Research
NCFAS-G	North Carolina Family Scale-General

Introduction

Nevada’s Differential Response System (DRS) was developed as part of an effort to improve the responsiveness and effectiveness of the child protection system. DRS was first piloted in two sites in the state’s most populous county (Clark) in February 2007.

Impetus For Change

In 2007 Nevada experienced a rapid rise in the rate of reports of child maltreatment. As a result, child welfare workers’ caseloads became overwhelming. It was clear that some institutionalized change needed to occur to restructure child protective services to better serve children. Nevada’s Department of Health and Human Services (DHHS) was aware of the success of Differential Response Systems in other states. The DRS model was seen as an opportunity to lighten the caseload of child welfare workers by eliminating some of the pressure on overburdened child protective services staff.

Of primary importance was the development of a relationship between child protective services (CPS) and the Family Resource Centers (FRCs). Betty Weiser, Social Services Specialist in the Grants Management Unit of Nevada’s Department of Health and Human Services, explained that FRCs were a child abuse prevention initiative focused on strengthening families. “FRCs were originally established by the state legislature in 1995 to work with state and county agencies to assist residents and families to access support services they may need.”¹ From their inception, the

¹ Gary L. Siegel, Christine S. Filinow, and L. A. Loman, Differential Response in Nevada: Final Evaluation Report, Rep. (St. Louis: Institute of Applied Research, 2010).

FRCs have been a provider of direct services and service referrals for families, and have now developed strong working relationships with county and state child welfare offices.

In 2007, the FRCs requested additional funding from the legislature and the Department of Health and Human Services to support their programming. Recognizing that FRCs could potentially relieve some of the mounting pressure on child protective services, Michael Willden, Director of Nevada DHHS, suggested that they form a partnership with child protective services. The new money that the FRCs received was directed towards supporting families reported for lower level abuse and neglect. This type of service provision later became known as the Differential Response Track.²

At the same time as this partnership was being discussed, there were some alleged instances of mismanagement of high profile cases of child abuse and neglect in Clark County. Willden saw these events as an opportunity to strengthen the newly formed partnership between child protective services and the Family Resource Centers. Weiser explained that “challenges in child welfare stemmed from the rapid growth of the community in Clark County.” To address the needs of the growing population, FRCs and CPS explored the idea of a Differential Response System to delegate resources to efficiently support all needy families.

The DRS model was seen as an opportunity to lighten the caseload of child welfare workers by eliminating some of the pressure on overburdened child protective services staff.

Additional support for the transition accumulated as a result of the recently completed Child and Family Services Review (CFSR), which suggested that child welfare increase their community-based interactions. Prior to this review, child protective services and the FRCs had been planning for system change, but the program improvement plan provided by the CFSR served as a catalyst to move the process towards implementation.

Overview Of The Model

Nevada has a relatively young Differential Response System. The program started as a pilot in February of 2007 and was phased in to 11 out of 17 counties in the state over three years. The partnership between child protective services and the FRCs has remained strong throughout the roll out process, allowing DRS to stay true to its mission of partnering with families to provide them with the support they need.

According to Toby Hyman, Social Services Program Specialist in the Grants Management Unit of the state’s Department of Health

² Toby Hyman. Telephone interview by Jacquie Furtado. March 24, 2011.

and Human Services, Nevada operates as a mixture of a county and state system. The state is divided into three service regions. The two most populous counties (Clark and Washoe) administer their own program policies, with state oversight. In the remaining 15 counties, which are more rural in nature, CPS is administered and supervised by the state agency. While all three regions have the same mission and values, the flexibility of this model allowed them to implement the Differential Response System to best suit the needs of their population.

Nevada's Differential Response System model is unique in the fact that CPS has a partnership with the FRCs. A significant part of this partnership is that staff at the Family Resource Centers who are responsible for managing cases on the Differential Response track, are involved in all family assessment cases from start to finish. Through this partnership, DRS services are provided in 11 Nevada counties, reaching over 98 percent of the state's population.³ The collaboration with local FRCs allows for further specialization in how families are assessed and how services are provided because they are based in the communities they serve. This flexibility is especially important in Nevada since there is such a difference between urban and rural counties.

How A Report Moves Through The System

Intake and Screening Process

Upon receiving a report of maltreatment, child protective services determines if the family is eligible for a family assessment, if it should follow the investigative track, or if it should be closed without further involvement. To distinguish between the severities of cases, Nevada CPS organizes incoming reports into three priority levels. Reports where there is an immediate threat to the child's safety are classified as Priority 1. Caseworkers are required to respond to these cases within two hours. Reports where there is a potential safety threat to the child within the foreseeable future are classified as Priority 2 and require a response within twelve hours. Reports of child neglect or less severe physical harm are classified as Priority 3 and must be responded to within 12 to 72 hours. Only reports classified as Priority 3 qualify for a family assessment and placement on the Differential Response System track.⁴ These cases typically involve educational neglect, environmental neglect, physical or medical neglect, improper supervision, or inappropriate discipline with non-severe physical harm.

3 Siegel, Filinow and Loman.

4 Siegel, Filinow and Loman.

Once a Priority 3 report is deemed eligible for the Differential Response track, it is immediately referred to a local Family Resource Center Differential Response Program (FRC-DR). To facilitate the transition of cases from one organization to another, FRC service areas coincide geographically with state and county child protection service areas. From the point of receiving a case, the local FRC-DR takes on all assessment and case management functions. FRC-DR staff are contracted to provide the initial family assessment, including a risk and safety assessment for all children involved, any subsequent case planning and service provision, and to track case data using UNITY, the state's child welfare information system.⁵

It should be noted that each DRS system within Nevada's counties operates somewhat differently from one another in terms of how incoming cases are processed.⁶ Weiser explained that within rural Nevada, there are five regions that each operate according to slightly different procedures in assigning cases to the DRS track. In many regions, due to limited staffing, a dedicated staff person in each office usually completes intake. The state's two urban areas follow different procedures that are more suited to handle a higher rate of reports. Weiser noted that Washoe County has an intake unit, and that the head of the intake unit works with the FRC-DRs to determine the best way to address cases. Within Clark County, there is a hot line that follows county-specific policies about how to determine whether a case is eligible for the Differential Response System approach.

Several types of cases are ineligible for DRS. Most importantly, according to Nevada state statutes, reports that involve severe abuse or neglect and/or where the safety of the child is at imminent risk, must be investigated according to the traditional model.⁷ Also, any case involving a child under the age of six (or five and under as worded in some material) is ineligible for a DRS family assessment.⁸ During the beginning stages of the Differential Response System pilot project in Nevada, the guidelines about which cases could be assigned to the family assessment track were very rigid. Despite their classification as Priority 3, certain reports were deemed ineligible for a family assessment. These exceptions included reports on families that had a substantiated report in the previous three years or where a child had been made a ward of the court. Additionally, families that had three or more prior unsubstantiated reports could be referred to family assessment only if the child welfare agency supervisors proved documentation of having reviewed the case before referring it to an FRC-DR.

5 Siegel, Filinow and Loman.

6 Betty Weiser. Telephone interview by Jacquie Furtado. March 14, 2011.

7 Protection of Children from Abuse and Neglect, Pub. L. No. 432B.260, State of Nevada.

8 Protection of Children from Abuse and Neglect, paragraph 2a.

Nevada's Differential Response model is unique in the fact that CPS has a partnership with the FRCs such that the FRC-DR staff are involved in all family assessment cases from start to finish.

These exceptions have been removed over the course of piloting to allow more families to follow the Differential Response System track.⁹

In-Home Assessment

Although the Differential Response System models in all counties in Nevada are predicated on the same values and beliefs, there are differences in how child protective services are administered. Since child protection agencies hand off a case to their local FRC as soon as the report is placed on the DRS track, an in-home safety assessment using the North Carolina Family Scale-General (NCFAS-G) is conducted predominantly by the private agency.

In Washoe County, the FRC is a county-wide organization and intake workers at the county office consult with the Intake Supervisor/DR liaison about Priority 3 reports that may be appropriate for DRS. The DRS liaison considers factors such as the expertise, availability, and current caseloads of the DRS workers and will then contact one of the contracted Family Resource Centers via email. The agency then accepts the case and initiates contact with the family.¹⁰

Similarly, in Clark County the CPS region is also a county-administered system. When receiving a report, the central intake hotline staff at the Central Office assign cases directly to the appropriate FRC-DR programs. A hotline supervisor approves the assignment of cases being placed on the DRS track and sends the referral to the FRC for that region.¹¹

The rural counties in Nevada are serviced by one main administrative office and a network of 12 child welfare offices in four regional districts. The Division of Child and Family Services (DCFS) supervisors in district offices screen incoming maltreatment reports and refer, via email, those they consider eligible for a DRS family assessment to the appropriate FRC for that region.¹²

The focus of the family assessment encompasses a comprehensive examination of the family's situation, strengths, resources, problems and needs and uses the logic that if the whole family unit is attended to more thoroughly then there is a greater possibility of ensuring child safety.¹³ Family members are encouraged to take the lead in the assessment and identify problems and solutions that

9 Siegel, Filinow and Loman, 16.

10 Siegel, Filinow and Loman.

11 Siegel, Filinow and Loman.

12 Siegel, Filinow and Loman.

13 Siegel, Filinow and Loman.

would work for them, and to be active in decision-making. Family assessments are voluntary and seek to establish a collaborative relationship between the worker and family. For this process to be successful, family cooperation is essential.

Both traditional investigation and family assessment workers prioritize child safety above all else. Accordingly, if there is any reason to do so, a report can be switched from the family assessment track to the traditional investigation track at any point.

Services

FRC-DR programs utilize a variety of responses to provide services to families. Services may take the form of informal help from the worker, helping the family organize their own resources, linking the family to existing community resources, or arranging for the delivery of specific formal services.¹⁴ In the majority of cases, services are provided in the first 45 days of family assessment. In most instances the case is then closed, however, services can still be provided after this period depending on the needs of the family.^{15,16,17} Although cases remain open for 45 to 60 days on average, both Weiser and Hyman noted that there are outliers, such as one case that remained open for a year.

Support And Resistance To Change

In-House

Collaboration has played an important role in garnering support for the transition to DRS. Weiser noted that the majority of resistance to the new Differential Response System was due to a lack of knowledge about family assessment and how the child protection process would change. Clear education and collaboration was needed for all entities involved to gain a comprehensive understanding of the process.

At the outset of the transition, a Steering Committee was established. This committee was comprised of representatives of stakeholders and decision makers from Clark, Washoe and the rural counties, the FRCs, and all significant department heads from child welfare organizations. At the height of the transition, the committee met weekly. As DRS became systematized, they met less frequently. Weiser noted that the existing commitment to

14 Siegel, Filinow and Loman.

15 Weiser, March 14, 2011.

16 Hyman, March 24, 2011.

17 Siegel, Filinow and Loman.

Nevada Time Line

—1999

Legislation was adopted that permitted an alternative response to an investigation of certain reports of child maltreatment. This laid the statutory foundation for a multi-track protection system.

—2004

The pilot project was initiated as part of the Program Improvement Plan (PIP) developed in response to the CFSR conducted by the Administration for Children and Families and in part on the recommendation of the Children's Bureau.

DRS and the close relationships that existed between child welfare organizations assisted buy-in to the process and made it possible to establish this committee. Weiser reflected that these regular meetings between all involved parties yielded a strong working relationship between FRCs and child protective services and have been opportunities for incredible resource sharing.

This support continued throughout the many organizations involved in DRS due to strong and consistent leadership. Toby Hyman and Betty Weiser have been involved with DRS as managers of the state funds that support both the DRS program and the Family Resource Centers. They also both have a long history of working with the Family Resource Centers prior to the implementation of DRS. In all of these capacities, they have made a point of always being easily accessible to DRS workers. In addition, the Steering Committee is the main source of support for supervisors. If a question comes up that needs collaboration, it is discussed with the Steering Committee.¹⁸ These two sources of expertise have helped all supervisors and employees to 'get on the same page', facilitating a smooth transition to DRS implementation.

Community

Although there was a strong sense of in-house support for the transition to DRS, child welfare agencies encountered more resistance from community organizations. Schools were initially opposed to the change in child protective services brought about by Differential Response System implementation. This reluctance was mostly due to the fact that they were not informed during the planning phase, and were only brought in to the process once the new system had already been established. This has caused some lingering confusion about how the roles of FRCs have changed to include a child welfare component. For example, Hyman mentioned an incident that occurred in 2010 when a child welfare worker had to intervene with the school District Superintendent to clarify that FRC-DR workers had the same permission as child welfare workers to talk to school personnel and meet with children at the school. School staff members were uncomfortable providing information to FRC-DR workers until they had a better understanding of how the Differential Response System worked. In addition, the procedural differences between the investigative and family assessment processes also caused some confusion. It took some explanation for schools to understand that although child protective services can interview children at school without their parents' knowledge, FRC-DR staff need written parental consent before they can speak with the child. Since schools are concerned primarily with the child as an individual, not within the context of

18 Weiser, March 14, 2011.

the family, they were hesitant to accept these changes for fear that they compromised child safety.

In addition, there has been very little consumer involvement establishing DRS in Nevada. Weiser recognized that “they are probably remiss in not having some of the families who have been through DRS participate in the Steering Committee meetings.” However, she noted that the Institute of Applied Research did receive some feedback from families that had experienced DRS, which FRC-DR found very helpful in making minor adjustments to the program. While there is talk of involving parents that have experienced DRS, these plans have not yet come to fruition.

The pilot and roll out process has resulted in a sweeping culture change in Nevada. Although DRS is now widely accepted, the adjustment has been gradual. Over time, the relationship between CPS and the FRC-DR programs has improved and become streamlined. Betty Weiser stated that “CPS now affectionately refers to the FRC-DR staff as ‘our DRS workers’ and that they really see them as part of the same system, even though they are in a different agency.”

Pilot

Funding

Clark County’s first two pilot projects were funded by DHHS with money from the Children’s Trust Fund. These funds are made up of fees collected from birth and death certificates, and from federal Community Based Child Abuse Prevention funds. The next stage of the pilot program was funded by general funds and contributions from Casey Family Programs. Community Based Child Abuse Prevention provided additional funding for the program and is a formula grant that is awarded to every state. The funding each state receives is based on the number of children that live in the state and the amount of non-federal funds that can be matched to the federal dollars.

Development

The Steering Committee originally devised a four-year plan to phase in DRS throughout Nevada, with the intention of having FRCs in all regions assume responsibility for implementing DRS. Nevada’s two initial DRS pilot projects began in February 2007, and were implemented in Clark County. This county was chosen because it had the greatest need for intervention, the infrastructure to support the new program, and the presence of two FRCs that already worked closely and had established positive relationships with child protective services.

2006

DRS pilot project originated at the initiative of the state Director of DHHS working with DCFS, CCDFS, WCDSS and representatives of FRCs.

The pilot project was placed under the Grants Management Unit of DHHS and a steering committee was formed of representatives of the state agency, the two county agencies and the FRCs.

February 2007

DRS was launched as a pilot with two sites in Clark County which is one of Nevada's 17 counties.

2008

The second phase of the pilot included Washoe County, Elko County and two additional sites in Clark County (North Las Vegas and Central Las Vegas).

In 2008, a second phase included Washoe County, Elko County and two additional programs in Clark County (North Las Vegas and Central Las Vegas).

In 2009, a third phase added one more program in West Las Vegas (also in Clark County), southern NYE County, and in rural counties in the western part of the state. This phase was scheduled to reach a greater portion of the state but was reduced due to dwindling funds. This third phase was scheduled to be closely followed by another wave, with the eventual result that the whole state would be served by DRS. However, Weiser commented that due to budgetary limitations, the fourth phase has been put on hold. Instead of working towards having DRS in every county, the Steering Committee has chosen to focus on providing DRS in the areas that they felt would benefit the most from the program. Hyman added that as of early 2011 it was unclear whether the smaller counties within Nevada would receive DRS. As of that time, the dual-track model had been implemented in about 85 percent of the state, with eleven FRCs established as DRS sites.

Evaluation

The Institute of Applied Research (IAR) conducted a Final Evaluation Report in December 2010 describing Nevada's DR pilot project. The report documents accomplishments and challenges involved in developing and implementing the DR approach in Nevada. To assess the effectiveness and outcome of the DRS pilot project, the IAR randomly selected families for both experimental and control data. By tracking and comparing outcomes for families in both samples, they were able to determine the effects of the DRS approach to eligible families involved with child protective services.

Of significant note, the Final Evaluation found that "the DR program achieved significant improvements in the outcomes of families when compared with similar families who have received a standard investigation."¹⁹ This means that there was a decrease in child maltreatment reporting as well as a decrease in new investigations, family assessments and removals of children from their homes. In addition, the majority of families who receive family assessments have expressed satisfaction with the services, assistance and treatment throughout the process and most feel they are better off for the experience.

Scale-Up

Several adjustments have been made to the implementation plan based on feedback and dialogue with staff from the pilot programs.

¹⁹ Siegel, Filinow and Loman, 3.

CPS now affectionately refers to the FRC-DR staff as “our DRS workers” and that they really see them as part of the same system, even though they are in a different agency.

According to Weiser, one major alteration is that a DRS worker was to be placed in both Mineral and Lyon Counties. However, since Mineral County personnel felt they did not have the capacity for DRS, Lyon County agreed to cover family assessment response for that area as well as in Pershing County. These three counties now share one Differential Response program that is embedded in Lyon County Human Services Family Resource Center. Another change made in 2010 involved reducing Pahrump in Nye County to a part-time DRS system, due to low rates of anticipated referrals. The funds that were previously used to support the full-time DRS program in Pahrump are now channeled into another rural community that requested the presence of a Family Resource Center.

Another major adjustment to how DRS has been implemented in Nevada, has been the number of reports handled by each FRC-DR caseworker. At the beginning of the pilot project a cap of 15 families per caseworker was established to address the concern that overworked caseworkers were less successful in protecting children. Over the next few years, Hyman explained that caseloads were gradually increased as caseworkers became more comfortable with the new model. DRS workers are now each able to comfortably manage up to 20-22 cases, with many of the older cases requiring only maintenance work until they are ready to be closed. The optimal number of cases per worker is still being assessed as the system continues to develop. Hyman added that a current concern is that the school year in Nevada recently changed from yearlong to having school-free summers. This may result in a reduction in reports received by intake office since schools typically make a large amount of reports. The impact of this policy change on caseloads is currently being monitored.

Training

As the number of cases referred for Differential Response increased, it became clear that caseworkers needed to be trained specifically in this approach. Initially, the DRS staff was expected to attend the same training required of all CPS workers. However, the first DRS staff that experienced this training developed an investigative mentality that was more appropriate for the traditional track than for family assessments. As a result, the workers who experienced the original training needed to be retrained. Following this, the Steering Committee asked CPS for assistance in determining what DRS staff needed to know by the end of the initial training. Together, they developed a training manual and discussed additional training opportunities that could be incorporated.²⁰

²⁰ Weiser, March 14, 2011.

November 2008

The Institute of Applied Research (IAR) conducted an interim evaluation report. The report was multi-faceted and required the monitoring of the program over a baseline period to determine the effects of the DRS pilot program on children and their families and to learn how the program can be shaped and improved to significantly impact the broader child protection system in the state.

2009

The third phase added one more program in West Las Vegas (also in Clark County), southern NYE County, and in rural counties in the western part of the state. This phase was scheduled to reach a greater portion of the state but was reduced due to budgetary limitations.

Today, all Differential Response System staff are required to attend one and a half to two days of training conducted mostly by Betty Weiser and Toby Hyman.²¹ This training focuses on defining DRS and the basics of the approach, and is individualized to each county with each county's approach to safety assessment. Workers then spend anywhere from three to five days shadowing at CPS to get a sense of the agency's role: witnessing an intake interview, going out with a caseworker, and observing an investigation. In most cases, workers spend time observing hearings at court to get the full picture of CPS. Staff then shadow another DRS program in the state. Before being ready to take on a case, staff are required to do the UNITY (state-wide database) training and are trained on how to administer the North Carolina Family Assessment-General tool (NCFAS-G). Weiser noted that Washoe and Clark Counties incorporate DRS into all their trainings. Rural counties, however, have fewer resources to support trainings so are unable to provide as many specified training opportunities.

Hyman added that monthly site-specific meetings and the 'Big' Differential Response System meetings in each CPS region are used as an additional training measure. These meetings with DRS staff and CPS supervisors are used to discuss resource challenges, general DRS procedures, problems with cases, and any challenges with UNITY. DRS workers are more comfortable with the UNITY system and are more competent as a result of these training measures.

Regulation Changes

In the early days of the program, child welfare agencies were very cautious when creating the criteria for DRS selection. As described earlier in this chapter, only reports classified under medical and educational neglect and inadequate supervision were initially referred to DRS, and there were many exceptions within these categories. About two years into implementation, policy was amended to allow all Priority 3 cases that had been deemed eligible by CPS to receive family assessment.²² This change greatly increased the number of families who were able to receive Differential Response System services.

Future Plans

Until 2010, Nevada had relied on evaluations conducted by the Institute for Applied Research to assess their program. The final IAR evaluation found that Nevada's Differential Response System "has achieved significant improvements in the outcomes of families when compared with similar families who have

²¹ Weiser, March 14, 2011.

²² Siegel, Filinow and Loman.

received a standard investigation, including: fewer subsequent reports of child maltreatment, fewer new investigations or family assessments, and fewer removals of children from their homes.”²³ Since the evaluation grant has expired, the Steering Committee must determine how to assess DRS moving forward. Weiser noted that they will soon make some decisions about how to continually evaluate the efficacy of the program. The Steering Committee will review reports and monitor progress using anecdotes and quantitative data until plans for a more formal evaluation can be made.

Nevada’s effort to change the way child protection services is administered is centered on supporting the whole family unit, and not just the individual child. For this reason, there are also future plans for sending surveys to families that received Differential Response System intervention. By providing services to the family to address their needs future risks to the child are diminished and the child’s overall well-being is preserved.

Key Takeaways

Nevada’s story of change as it works to implement a DRS model reveals key elements unique to the state. These characteristics are as follows:

- » Child protective services collaborate with the Family Resource Centers (FRCs) to assist with Priority 3 reports of child maltreatment. FRCs initiate the family assessment from start to finish unless concerns arise that suggest a case needs to switch to a traditional investigation.
- » Because of state statutes, children under the age of five cannot receive a DR-family assessment and must receive an investigation. Due to this statute, family assessments are limited and do not capture the state’s most vulnerable population.
- » Due to budgetary limitations, Nevada’s DRS model has not been expanded to the entire state. Thus, the state’s most rural counties are currently without a DRS model.
- » Nearly all families that received a DRS family assessment expressed satisfaction with the way they were treated and with the help they received or were offered. Most also felt their families were better off for the experience.²⁴

²³ Siegel, Filinow and Loman, 3.

²⁴ Siegel, Filinow, and Loman.

December 2010

The Institute of Applied Research (IAR) conducted a final evaluation report. The report documents accomplishments and challenges involved in developing and implementing the DR approach in Nevada.

» An emphasis on training and education for all CPS, FRC-DR staff, school personnel and other stakeholders was found to have reinforced trust and growing confidence in the abilities of FRC-DR staff in administering family assessments and thus, has the potential for further evolving the DRS practice in Nevada. Training and education are also essential for garnering support for and mutual understanding of the DRS model.

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Findings



Source: Casey Family Services

Similarities and Differences

Through our analysis of Minnesota, North Carolina, and Nevada we found several similarities and differences in how each state designed and implemented their Differential Response System. This chapter highlights key similarities and differences of the three states' models over the course of the story of change; the logistical elements of the model such as intake, in-home assessment, and service provision; support and resistance experienced during the transition to DRS; and future plans for DRS in each state.

Impetus For Change

Each of the states included in this analysis have made sweeping changes to their child welfare systems. Although they have all come to implement some form of Differential Response, the series of events that lead to this choice varies across the states.

Reputation of the Department

Each of the states had different motivations for switching from a traditional model of child protection investigation to Differential Response System model. Although several factors went into each state's decision, one common element in Minnesota and North Carolina was the realization that the agency was viewed by the community in a negative light.

Minnesota was seen as “ineffective” in helping families, and accused of having an overly adversarial approach that focused on the idea of going in to families lives and “fixing” them. Similarly, North Carolina interview participants discussed how their traditional response was seen as inconsistent and ‘all over the place’, with their practice focusing primarily on emergency incidents rather than the deeper issues that may be affecting the family's well-being. Additionally, North Carolina had a number of incidents where cases of severe abuse or neglect were overlooked. This ultimately led to a relatively high rate of child fatalities in North Carolina. Families in both states did not see the child protection agencies as ‘family-friendly’ or as a place a parent could turn to for help, but rather as a punitive institution. Part of the motivation for reforming the child welfare system in North Carolina and Minnesota was to address these issues.

Intake And Screening Process

The first step taken by child protective staff across when receiving a report of child maltreatment across all three states is to assess whether the report is eligible for the Differential Response System approach. Although all three states typically send allegations of child neglect and low-level abuse to their respective DRS track, the exact criteria varies from state to state.

Exceptions to Placement on DRS Track

The majority of cases that are deemed eligible for the Differential Response method are reports that allege child neglect. Minnesota, Nevada and North Carolina all have similar criteria for deciding when to utilize the DRS approach for a report. Exclusionary clauses are contained in all the states' statutes, but differ in criteria.

In Minnesota, all allegations of child maltreatment that do not suggest substantial child endangerment are eligible for DRS. There are several exclusionary clauses applied to this subset of cases eligible for the family assessment track. Cases where the families are licensed childcare providers must be placed on the investigative track. There are also several discretionary criteria that vary by county such as whether the family appears to be a flight risk, if the caregiver has declined services in the past, or if there are previous child maltreatment reports against the alleged abuser. If any of these criteria are met, the intake caseworker may be more inclined to place the case on the investigative track.

In North Carolina, only cases defined as neglect can be placed on the Family Assessment Track. There are additional exclusionary clauses applied to this subset of report type. All reports filed alleging abuse or neglect that occur in a child care facility or in an out of home living arrangement, such as foster care, must be placed on the Investigative Assessment track.

In Nevada, the Differential Response System approach is only available to Priority Three reports, which include educational neglect and medical neglect. If the case involves a child under the age of six, no matter the allegation, it must be placed on the traditional investigative track.

In-Home Assessment

The next step in the life of a case on the Differential Response System track is to visit families in their homes to begin the assessment phase. This process consists of gathering information about the family's strengths and needs, and what potential services might improve the family's resiliency in hopes of avoiding future incidences of maltreatment.

Assessment Tool Used

North Carolina, Minnesota and Nevada all utilize a standardized assessment tool when completing the in-home assessments. The tool includes a safety assessment tool, risk assessment tool, and strengths and needs assessments. During the first visits to families' homes, all of the states assess for immediate safety using their respective standardized tools. Nevada uses North Carolina Family

Assessment-General tool (NCFAS-G), a different assessment tool developed in North Carolina. Alternatively, when conducting an initial assessment, caseworkers in Minnesota use the Structured Decision Making Tool. This tool was developed and validated using years of risk assessment data to determine which factors were common across cases and which factors were typically found in cases that were re-reported. Caseworkers in North Carolina used to use the Structured Decision Making Tool. However this tool was not serving the population as well as the state wanted, and prompted North Carolina to develop its own Risk Assessment to aid in case decision making. The state also developed an Assessment of Strengths and Needs that is conducted if the case is on the family assessment track. Caseworkers are encouraged to complete this tool collaboratively with the family.

Switching Tracks

All of the key states allow for cases to transfer between the Differential Response System track and traditional track within the initial 45 days of assessment. Once the assessment period is over, a switch can no longer occur. In Minnesota, about seven percent of cases are switched from the Family Assessment Response track to the traditional investigation track or vice versa. In North Carolina, during the first visit the family is informed of the different tracks and the corresponding paths that a case follows. Before a case is switched from one track to another a consultation with a supervisor must occur. The caseworker must document how switching the response method of the case will increase child safety. The caseworker must then meet with the family to explain the change. An example of when a case would switch is if the caseworker arrived at the house after receiving a report alleging child neglect, and instead finds evidence of physical child abuse. When MRS was first implemented in North Carolina, cases were switching tracks often. However, as counties have grown more accustomed to MRS and DRS, switching the response method occurs less often.

Services

Service provision is central to the Differential Response approach to working with families. Across the three states, families collaborate with caseworkers to identify the services that would be most helpful to them.

Community Partners in Providing Services

In Minnesota, the public child protection agencies most often provide services to families, although they will occasionally use third parties to provide specialized services, such as therapy and

parenting skills. In North Carolina, the family generally identifies the community partners from which they would like to receive services. Although uncommon, some counties do have contracts with specific community partners. Nevada's Differential Response System is founded on a partnership between the public child protection agency and the private non-profit organizations, Family Resource Centers. This collaboration places the delivery of services to families as the responsibility of the FRCs.

Family Identification of Needs & Services

In Minnesota, assessment is involuntary regardless of which method of response is utilized. However, once the child is determined to be safe, families on the Family Assessment Track have the ability to decide whether or not they are interested in participating in services. The length of time that the family receives services is based on the needs and desires of each family. There is neither a minimum nor maximum time for how long services can be provided.

In North Carolina, families are required to accept services if their case receives a finding of "Services Needed". Regardless of the case determination, families identify their own service needs in Child and Family Team meetings and are given the opportunity to suggest people that they think may be positive informal supports. Caseworkers ask families what services or resources they feel would be most beneficial to improving child safety. Caseworkers then inform families of preexisting relationships between the Division of Social Services and other community partners. Ultimately, the choice of which providers to contact is decided by the families.

In Nevada, services are not mandatory but family involvement is essential and encouraged. Services are provided as long as a family needs assistance, generally around 45 to 60 days.

Support And Resistance To Change

As discussed in the previous chapters, the transition to a Differential Response System is not always smooth. Significantly influencing the ease of this transition for Minnesota, Nevada and North Carolina, was the degree of support and resistance received by numerous sources. We feel that information about the steps taken to increase support and alleviate resistance could be especially useful to other states looking to develop a DRS model of their own. Below we list some key findings about where each state experienced support and resistance, and how it ultimately affected their respective Differential Response System models.

Role of Community Professionals

All three key states discussed, in detail, various community agencies whose support or resistance affected their DRS development and implementation. Additionally, many of the same agencies were found to have been supportive of, or resistant to, the DRS implementation across the states.

One common source of resistance was the school system. Minnesota, Nevada and North Carolina all experienced pushback from schools at the onset of implementation. In Minnesota, schools were concerned about the vigor of the child interviewing process in DRS and the potential of not having children disclose abuse or neglect. In North Carolina, this was due to schools feeling like they were losing control and being taken out of the loop of child protection investigations. In Nevada, schools expressed discomfort about allowing Family Resource Center Differential Response workers to come into their buildings and interview children during the school day. Similarly, Minnesota and North Carolina experienced substantial resistance from Guardians ad Litem. Some of this resistance still continues to be a problem today, long after the statewide implementation of DRS in both states.

Minnesota and North Carolina also found a surprising amount of support in the DRS implementation from local law enforcement and judges. An element of the DRS model in both states allowed the child protection agencies to forego cross-reporting to law enforcement as was required for all child abuse and neglect reports in the traditional investigation model. Unless the report involved an allegation of criminal activity, caseworkers no longer needed to be escorted by a police officer during their first home visit to families. For this reason, law enforcement supported the DRS model as it gave them the opportunity to only be involved in cases where they really were needed and resulted in a better allocation of their own resources. Similarly, judges in both states quickly supported the DRS transition as they found fewer families being brought through their courtrooms in non-egregious cases.

Role of Legislature

A significant source of support for Minnesota and North Carolina came directly from state legislatures. Both states recognized that properly educating their respective legislatures on DRS and how it differs from the traditional response model to achieve more positive outcomes for families was critical to the institutionalization of the Differential Response System.

In Minnesota, leaders in the child protective system confronted the Minnesota State Legislature when they first began researching the possibility of developing a DRS model. They continued to disclose

all information to the legislature about the design, implementation, and evaluation findings throughout the entire process. This partnership paid off as the legislature unanimously voted to institutionalize DRS statewide and make it the preferred method of response to child abuse reports once the pilot project ended.

Conversely, North Carolina held off on involving the State General Assembly until their DRS model had been piloted in ten counties. However, once they did reach out to the legislature, North Carolina used similar strategies to gaining their support as those used in Minnesota. North Carolina presented the extensive positive outcomes that they were experiencing since the start of the pilot and had caseworkers discuss how the new DRS and MRS models were positively affecting their work with families. Members of the General Assembly were very excited about the new methods being used to engage and empower parents and completely supported the statewide implementation of DRS.

Nevada experienced very little resistance due to the intimate nature of having a small state where everyone knows each other. At the onset of their development process, Michael Willden, the Director of Nevada's Department of Health and Human Services, received support from the state governor for CPS to partner with Family Resource Centers. Subsequently, Nevada's state legislature financially supported the collaboration, hoping that it would lessen the heavy burden on CPS caseworkers.

Concern that DRS Sacrifices Safety

Behind the majority of resistance found in Minnesota and North Carolina was the underlying concern that a Differential Response System potentially sacrifices the safety of children. This was fear was voiced by some service providers, community agencies, and even some child protective caseworkers and supervisors. Child protective staff, many of whom had been working in CPS and using the traditional investigation model for more than twenty years, were suddenly asked to completely alter their approach to families. The shift in response methods required a shift in underlying assumptions made by caseworkers about the families that they interacted with on a daily basis. These assumptions focused on the intentional maltreatment by parents to children and the idea that it was in many children's best interests to be removed from their homes as most parents were either unwilling or unable to change. The states then experienced resistance from staff who held on to these beliefs since the implementation of DRS required them to be more engaging, strength-based, and less punitive with parents. Some staff and community professionals felt that the new method would possibly result in caseworkers leaving children in dangerous homes, closing cases too quickly, or not investigating cases aggressively enough and ultimately failing to identify abuse

or neglect. Although this is undeniably still a common critique of Differential Response Systems, North Carolina and Minnesota found that the majority of staff and community professionals that resisted DRS for this reason eventually became supporters of the system. This was done mostly by trend analyses, formal evaluations, and by caseworker and supervisor reports that all stated their DRS method resulted in keeping children as safe, if not safer than, the traditional investigative model.

Promotion of DRS to Increase Buy-In

Minnesota, Nevada, and North Carolina all actively promoted their DRS model during the development and implementation phases. They each recognized that educating CPS staff, service providers, and key stakeholders about the positive affects of DRS would result in further buy-in of the model. Additionally, all three states created statewide committees during the development or implementation stage to help encourage dialogue between counties. Counties, and ultimately caseworkers and supervisors, all learned from each other's experiences of practicing the DRS approach and how it positively affected family outcomes and caseworker-parent relationships. These regular regional or state meetings, conferences, and training sessions all helped expedite the statewide implementation of DRS as it resulted in a significant increase of support at all levels.

Pilot

Each of the key states included in this study piloted their DRS model before expanding to the entire state. These pilot phases looked different in each of the three states, but the general importance of the pilot period cannot be underestimated.

Funding For Original Program

All three states relied on some public funding to support their Differential Response System pilot project. Minnesota looked for public funding as a first option, before considering other funding sources. Nevada funded several stages of the pilot project with general funds North Carolina funded the entire MRS program within the existing DSS budget. In addition to using pre-prescribed child welfare dollars, all three states reallocated some funding from other programs to support DRS. Minnesota reallocated existing federal and local funds from the Title IV-B, the Stephanie Tubbs Jones Child Welfare Services Program, and from Title IV-B 2, Promoting Safe and Stable Families, block grants. In Nevada, funds were redirected from the Children's Trust Fund, which collects money from all birth and death certificates issued, and some existing community service developmental block grants.

Nevada also received a Community Based Child Abuse Prevention (CBCAP) grant midway through the pilot. In North Carolina no other money was provided to put towards services to families other than the usual Division of Social Services' budget. Some counties in North Carolina have been able to find additional money within their communities, but they would have most likely found these funds in the absence of DRS.

Minnesota and Nevada both found private funding for their DRS model. In Minnesota, the McKnight Foundation gave a five million dollar grant towards the pilot project. A portion of which went to funding a vigorous evaluation by the Institute for Applied Research. Nevada received private funding from the Casey Family Programs. North Carolina did not reach out to private organizations or programs for financial resources, and funded their program strictly within the existing DSS budget.

Minnesota and North Carolina placed a strong emphasis on making their DRS program sustainable beyond the pilot project. In Minnesota, a goal of researching sustainability was explicitly included in the McKnight Foundation grant. The grant was only meant to last for a finite amount of time and the state wanted to be sure they could continue implementing the system within the regular DSS budget after the funds were depleted. In North Carolina, the goal of sustainability was one reason that CPS did not search for additional public or private funding at the outset of the transition. The state recognized that the program would eventually have to be supported within the regular DSS budget, so they opted to design a program with manageable costs from the very beginning. In both of these states, the federal, state, and local governments now sustain DRS without any additional private funding. Nevada has not yet rolled out the DRS model to all counties due to funding cuts.

In addition to program funding, both Minnesota and North Carolina were required to conduct an evaluation of the new DRS program, which necessitated additional funding. The McKnight Foundation grant applied for by Minnesota, included funds to complete a rigorous evaluation of the DRS program conducted by the Institute of Applied Research. In North Carolina, the general assembly mandated that DSS evaluate the new MRS program but did not provide any additional funding to do so. Duke University's Center for Children and Families agreed to conduct the evaluation pro bono. Once the pilot was under way and began to show some results, the state did provide some additional funding for the evaluation. Although Nevada was not required to conduct an evaluation, they did evaluate their DRS program through the Institute of Applied Research. This evaluation was funded using money from the Children's Trust and Casey Family Programs.

Multiple Pilot Rounds

As counties implementing the alternative response within the pilot project made more positive reports about DRS practice, momentum for Differential Response Systems continued to grow. Minnesota and North Carolina experienced an increase in the number of counties volunteering to participate in the pilot project. In Minnesota, all interested counties were invited to participate in the pilot project. By the end of the four-year pilot period all counties had opted in, whether or not they received additional funding. This was due in large part to word of mouth reports about the positive outcomes that resulted from DRS. Similarly to Minnesota, scale up in North Carolina was driven by the fact that counties were competitive with one another. Once they saw the success that some counties had had with DRS they, too, wanted to implement the new model. North Carolina had three pilot waves. The first two were a whirlwind, with 52 counties electing to participate in the pilot in just two years. Despite the overwhelming enthusiasm for DRS in Minnesota and Nevada, some counties were still hesitant to transition to the new approach. In Minnesota, financial incentive helped to get some straggling counties on board. In North Carolina, some of the last wave of counties came on reluctantly. Nevada is in a slightly different position than Minnesota and North Carolina because the DRS program is younger. Nevada selected counties to be included in each pilot phase based on where there was the greatest need for the program, by region, and building on strong existing relationships with local Family Resource Centers. Nevada is currently still piloting, with DRS rolled out to only 85 percent of the state.

Selection of Pilot Areas

Both Nevada and North Carolina (for the initial pilot wave) deliberately selected counties to participate in the DRS pilot project. North Carolina's goal was to create a small work group with a mix of counties that were representative of all the counties in the state. The state sent a letter to 100 counties informing them about the change. Then they strategically selected ten out of the 30 counties who responded to the letter saying they were willing to participate. In whittling down the group, North Carolina considered each county's population race/ethnicity, the rural/urban balance amongst the counties, whether military installations were represented, counties' willingness to participate, the leadership in each county, and each county's performance (both good and bad) on the CFSR. Including this diverse range of counties would show how the MRS model would work across all counties. Nevada chose the first DRS pilot sites based on need and existing relationships with Family Resource Centers. Both of these sites were in Clark County, the most populous region of the state. Nevada selected counties for future pilot waves based on region

(urban/rural), need, and whether the county had a preexisting positive relationship with local FRCs.

Minnesota and North Carolina (for the second pilot wave) accepted counties into the DRS pilot project on a voluntary basis. The pilot program in Minnesota operated on a strictly voluntary basis. The family assessment model was made available to any county that wanted to participate, and the state determined that they would somehow make the pilot accessible for any county interested. They ultimately had 20 of Minnesota's 87 counties elect to participate in the pilot project. North Carolina's second wave of piloting had a voluntary selection process. Child protective services received permission from the General Assembly to expand the MRS program in 2003, and were told they needed to expand to at least 33 more counties. The state then sent out a pilot plan to all counties in the state who were not yet implementing MRS, asking if they would be interested in participating. Forty-two counties were selected into the second wave of the pilot project.

Scale Up

The pilot projects implemented in Minnesota, North Carolina, and Nevada provided opportunities for developers to evaluate and improve the new Differential Response System with a few trial counties. The revised model was then expanded to additional counties.

Changes Made to Exclusionary Criteria After Pilot

As discussed earlier in this chapter, all three states included several exclusionary clauses in their criteria for selecting a report for the Differential Response System approach. Over the course of the pilot project, neither Minnesota nor North Carolina made any changes to these exclusionary criteria. However, Nevada changed the requirements for placing a report on the family assessment track during their pilot. At the beginning of the pilot, exceptions were made for certain reports that were not eligible for a family assessment even if they were classified as Priority Three reports. The exceptions included reports on families that had a substantiated report in the previous three years or if the child had been made a ward of the court. Also, families that had three or more prior unsubstantiated reports could be referred for a family assessment only if the child welfare agency supervisors provide documentation of having reviewed cases before they were referred to an FRC. These exceptions were removed over the course of piloting. When the pilot began, initial referrals only fit the criteria for cases with less severe abuse such as: medical neglect, educational neglect and inadequate supervision. A year and a half

to two years later, the criteria was changed to define all Priority Three cases as eligible for the Differential Response System track.

Effects of Political Climate During

Implementation

Across all three states, the political climate generally supported the pilot of a Differential Response System. This was due in large part to educating legislators about the elements and effects of DRS before the pilot began. In Minnesota, the legislators were provided with research on the DRS program long before voting to institutionalize the program. Consequently, when a bill was raised to move from a voluntary DRS program to an institutionalized response, it passed without a dissenting vote. Due to information from the evaluations of the four-year pilot, there was strong support for legislation that would make Family Assessment Response the preferred response in Minnesota for cases not alleging egregious harm. North Carolina had a similar political climate. Like in Minnesota, the state and local county DSS spent a lot of time educating the legislators about the new program. An additional factor was a series of articles about child fatality reports from the 1990s published by a North Carolina reporter in 2003. These stories led the General Assembly to convene a committee on child protective services, foster care, and adoption. This committee was interested in finding a way to improve the child welfare system, giving DSS staff the opportunity to present MRS and DRS. The committee embraced what they heard and passed laws to commence a pilot of DRS. Subsequently, the state was able to move to statewide implementation without opposition.

Training

Staff training was an important element of the transition from a traditional model to a DRS model in all three states. Trainings were an opportunity to orient staff to new protocols and new methods of interacting with families. Although each state used an individualized approach to training, all three recognized the importance of high quality training in order to prepare their staff to implement the new Differential Response System effectively.

Changing Stereotypes of Families Involved with Child Protective Services

A major part of training child welfare staff around the new Differential Response System was changing the stereotypes of families involved with child protective services. One way that Minnesota and North Carolina worked to adjust these stereotypes was by involving parents formerly involved with CPS in creating and administering trainings for caseworkers. In Minnesota,

parents were used as trainers for social workers. Parents created a portion of the caseworker curriculum, drawing attention to how it feels to be labeled as a failure, a bad parent, etc. In North Carolina, consumers helped develop the trainings by providing feedback about how caseworkers should interact with families. In addition, two consumers were hired as trainers to include their perspective.

In all three states, trainings were seen as an opportunity to reorient workers to a strength-based approach to child protection. In Minnesota, training was designed based on the idea that the parent caseworker relationship needed to be supported by an intellectual appreciation of working with families. The traditional training curriculum portrayed parents as malicious and focused on cases of severe abuse, involving only a small subset of the population that is served by CPS. The state recognized that it would be hard to move towards trusting families and identifying their strengths after completing only the traditional trainings. New trainings were designed to help caseworkers develop a strength-based focus, and to change the beliefs and assumptions about the people they were working with. Similarly, Nevada realized that their traditional training methods were not suitable to their new model. They eventually decided to retrain caseworkers who had completed the traditional training in order to change caseworkers' conceptions about the families and their practices. Trainings used in North Carolina recognize the expertise of the family, allow them to come to their own solutions, and promote partnerships rather than training the worker to 'fix' the family.

Training Curriculum

In all three states, training was used to try and change the values, assumptions, and beliefs about people that are reported, and to get caseworkers to understand a more strength-based focus. To reach these goals Minnesota, North Carolina, and Nevada implemented a comprehensive training curriculum.

All three states received input from partners or other states already implementing DRS when designing their own training models. Minnesota researched multiple strength-based training models, such as the Formal Family Group Decision Making Model from New Zealand as potential frameworks. They ultimately used a less formal and structured version of this model called the Family Unity Model. North Carolina DSS staff received training from Minnesota very early on called "Knock on the Door" training, which focused on initial contact with families. That training has now been incorporated into the regular caseworker training. North Carolina created most of their training in partnership with North Carolina State University. They provided a lot of the training along with Jordan Institute at the University of North Carolina to help people

understand what MRS was trying to do. Cornerstone Training was the basic training series that North Carolina developed to help caseworkers understand the principles of MRS. North Carolina focused on providing consistency in training modules across individual counties. Eventually, the Cornerstone series was merged into a general training that included the pre-service training as well as training for specific job functions. This training is used today. During the scale up process, Nevada restructured their caseworker trainings to be consistent statewide. To do so, they developed a common training manual for caseworkers and incorporated new training opportunities for all workers to experience.

All three states provided supplemental training to the introductory training. Minnesota offered very specific training modules including child development theory, family psychology, substance abuse, and cultural diversity. North Carolina held and still holds ongoing meetings on special topics and challenging cases. North Carolina also currently holds a separate set of trainings on cultural diversity. North Carolina used to organize Learning Institutes once a year. Nationally recognized speakers met with county caseworkers to improve practice and provide support. Each institute had sections on topics specifically structured to meet a core need in one of the seven strategies framed by MRS, such as poverty, engaging families, child and family teams, engaging schools, etc. Due to lack of funding, the Learning Institutes were discontinued. Nevada caseworkers are currently trained on general practices such as administering Nevada's standardized assessment tool, providing case management services, and utilizing the statewide database, UNITY.

Future Plans

Each of the key states is in a different phase of institutionalizing their respective Differential Response System. In this section we examine the future plans for implementation and evaluation in Minnesota, North Carolina, and Nevada.

Effects of Budget Cuts/ End to Funding (Funding for Evaluations and Standstill in Further Development)

As funding for pilot projects has been depleted and states have been forced to make budget cuts due to the current economic recession, all three states have had to scale back their plans for future evaluations. Minnesota does not have the financial resources needed to complete another formal evaluation similar to the one completed by the Institute of Applied Research in 2004. To fill this void, they state has been tracking new report rates and placement rates to complete trend analyses and determine the effectiveness of

their Family Assessment Response. Minnesota has also had to cut back on regional training events and annual training conferences due to budget issues. Evaluation dollars in North Carolina have also dwindled. They are now being forced to trim CPS positions and, subsequently, the scope of evaluations has had to be narrowed. Nevada has had to halt plans for future evaluations, as well. They do not have the funds needed to support both the program and evaluations, and have chosen to put their existing funds towards supporting a quality DRS program.

Conclusion

Differential Response Systems provide a continuum of services based on the needs of each family. At the core of Differential Response System is a framework based on the values of family strengths, collaboration, respect, and community connections. Within this framework, DRS provides flexibility for states to shape the model to fit their own population, culture, and government structure. This system is not a “one size fits all” model for families, or for states.

The values governing DRS practice should be applied to the entirety of the child welfare system. A key component to successful DRS models is integration of politicians, management, front line workers, and community partners. Just as families are expected to play an active role in enhancing their own well-being, Differential Response Systems would not be able to function without the active involvement of child welfare staff and communities. Differential Response Systems acknowledge that families are the most knowledgeable about their own strengths and needs. In the same way, caseworkers and community providers should be the experts on best practices to engage and serve families. As states consider developing a Differential Response System model, they should reflect on the successes and challenges associated with new practices to create a reiterative system that fits the needs of the community it serves. By creating this tightly woven network of support and collaboration, our communities’ children will receive the resources they need in order to thrive in a safe and nurturing family environment.

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- US Legal, Inc. "Guardian Ad Litem Law & Legal Definition." Legal Definitions & Legal Terms Defined. 22 Apr. 2011 <<http://definitions.uslegal.com/g/guardian-ad-litem/>>.
- "Weiser, Betty." Telephone interview by Jacquie Furtado. March 14, 2011.

Appendix A

Glossary

Accepted Reports: reports of child maltreatment that meet a state’s threshold statutory requirement for a response from the Child Protection System (CPS).¹

Child Protective Services (CPS): a governmental agency in many states that responds to reports of child abuse or neglect.²

County-Administered System [of child protective services]: administrative structure and assignment of responsibilities where the counties within a state are largely responsible/have oversight of CPS.

State-Administered System [of child protective services]: administrative structure and assignment of responsibilities where governmental state agencies are largely responsible/have oversight of CPS.

Traditional Response Model: the standard response by CPS to all accepted reports of child maltreatment through a formal investigation focused on specific allegations of child abuse or neglect.

Differential Response System: an alternative response to reports of child maltreatment where CPS recognizes variation in the nature of maltreatment and caters their response accordingly.³

Investigation: the first phase of the standard CPS response to all accepted reports of child maltreatment conducted to determine if children have been harmed or are at risk of being harmed.⁴

Family Assessment: the first phase of an alternative response to reports of child maltreatment that determines the level of risk and safety for children and evaluates families’ strengths and needs.⁵

Intake: the initial process of receiving and screening reports of child maltreatment to determine if intervention is necessary.⁶

Report of Child Abuse/Neglect: any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or an act or failure to act which presents an imminent risk of serious harm.⁷

1 Gary L. Siegel, Christine S. Filonow, and L. A. Loman, *Differential Response in Nevada Final Evaluation Report*, Rep. (St. Louis: Institute of Applied Research, 2010).

2 Child Welfare Information Gateway, “How the Child Welfare System Works,” Child Welfare Information Gateway, 2010, US Department of Health and Human Services, Apr. 2011 <<http://www.childwelfare.gov/pubs/factsheets/cpswork.cfm>>.

3 Siegel, Filonow and Loman.

4 “Intake, Investigation, & Assessment,” Child Welfare Information Gateway, US Department of Health and Human Services, Apr. 2011 <<http://www.childwelfare.gov/responding/iaa/>>.

5 “Intake, Investigation & Assessment”.

6 “Intake, Investigation & Assessment”.

7 Child Welfare Information Gateway, “Definitions of Child Abuse and Neglect in Federal Law,” Child Welfare Information Gateway, US Department of Health and Human Services, Apr. 2011 <<http://www.childwelfare.gov/can/defining/federal.cfm>>.

Physical Abuse: abuse involving contact intended to cause feelings of intimidation, injury, or other physical suffering or bodily harm.⁸

Child Sexual Abuse: a form of child abuse in which an adult or older adolescent uses a child for sexual stimulation.⁹

Emotional Abuse: a form of abuse characterized by a person subjecting or exposing another to behavior that may result in psychological trauma, including anxiety, chronic depression, or post-traumatic stress disorder. Also referred to as psychological abuse or mental abuse.¹⁰

Educational Neglect: the failure of a caregiver to ensure that a child of mandatory school age attends school or is provided appropriate home schooling.¹¹

Medical Neglect: failing to seek, obtain, or follow through with medical care for a child, with the failure resulting in: a substantial risk of death, disfigurement, or bodily injury; or an observable and material impairment to the growth, development, or functioning of the child.¹²

Guardian ad Litem: a guardian appointed to represent the interests of a person with respect to a single action in litigation.¹³

Caseworker: an individual assigned to working with families to establish goals, creating plans to achieve the goals, providing services to meet needs identified in assessments, monitoring progress toward achievement of the goals, and closing cases when goals have been achieved.¹⁴

Supervisor: an individual responsible for overseeing caseworkers managing reports of maltreatment.

Strength-Based Practice: an approach that utilizes policies, practice methods, and strategies that identify and draw upon the strengths of children, families, and communities. Strengths-based practice involves a shift from a deficit approach, which emphasizes problems and pathology, to a positive partnership with the family.¹⁵

8 Angelo Giardino and Eileen Giardino, "Physical Child Abuse," ed. Caroly Pataki, Medscape Reference, Apr. 2011 <<http://emedicine.medscape.com/article/915664-overview>>.

9 American Academy of Child & Adolescent Psychiatry, "Child Sexual Abuse," American Academy of Child & Adolescent Psychiatry, Mar. 2011, Apr. 2011 <http://www.aacap.org/cs/root/facts_for_families/child_sexual_abuse>.

10 Joanna Saison, Melinda Smith, and Joanne Segal, "Child Abuse & Neglect: Recognizing and Preventing Child Abuse," Helpguide.org: A Trusted Non-Profit Resource, Nov. 2010, Apr. 2011 <http://helpguide.org/mental/child_abuse_physical_emotional_sexual_neglect.htm>.

11 North Dakota Department of Human Services, Educational Neglect VS. Truancy Fact Sheet, Rep. (State of North Dakota).

12 Texas Department of Family and Protective Services, "Determining Medical Neglect in CPS Reports," DFPS - Texas Department of Family and Protective Services, 2008, Apr. 2011 <http://www.dfps.state.tx.us/handbooks/SWI_Procedures/Files/SWP_pg_4250.jsp>.

13 Legal Aid Society of Minneapolis, What is a Guardian Ad Litem? Rep. (St. Paul: Mid-Minnesota Legal Assistance, 2010).

14 Child Welfare Information Gateway, "Case Management in Child Protection," Child Welfare Information Gateway, US Department of Health and Human Services, Apr. 2011 <<http://www.childwelfare.gov/responding/casemgmt.cfm>>.

15 National Technical Assistance and Evaluation Center for Systems of Care, An Individualized, Strengths-Based Approach in Public Child Welfare Driven Systems of Care, Rep., A Closer Look (Fairfax: The Children's Bureau, 2008) Child Welfare Information Gateway, Apr. 2011 <<http://www.childwelfare.gov/pubs/acloserlook/strengthsbased/index.cfm>>.

Out-of-home Placement: a decision to place a child in out-of-home care to ensure his or her safety, when an investigation finds the child has been seriously harmed or is at risk of harm.

Substantiation: a CPS determination of a report of child maltreatment that was investigated and credible evidence of the abuse or neglect was found.

Unsubstantiation: a CPS determination of a report of child maltreatment that was investigated and no credible evidence of the abuse or neglect was found.

Recidivism/Re-report: when an abuser re-enters the child welfare system with additional allegations of abusing a child in their care.

Block Grants: large sum of money granted by the national government to a regional government with only general provisions as to the way it is to be spent.

Practice Model: how to effectively deliver services to children, youth, and families including desired outcomes, principles, theory of change, evidence informed practice, process and quality of care, and service array.¹⁶

16 Positioning Public Child Welfare Guidance, “Practice Model - Overview,” The National Voice of Public Child Welfare, 2011, American Public Human Services Association, 02 May 2011 <<http://www.ppcwg.org/practice-model-overview.html>>.

Appendix B

Interview Questions

Definition

1. What is the DRS model in your state? How does this fit into your more general CPS system?
 - Describe your DRS model.
 - » Prompt: Is the model public/private, private or public?

 - » Prompt if the model is a public/private partnership: Describe how the partnership works.

 - » Prompt if private providers are used: What is the role of the private provider?
 - How are providers selected?
 - How is the quality of service monitored and assessed?
 - How long can services be provided?

 - What criteria are used to determine eligibility for DRS

 - How is eligibility determined?
 - » Prompt: Is the decision made by the Hotline worker or is it a team decision:

 - How are safety and risk assessed?
 - » Prompt: Is a standardized assessment tool used? If so, what tool?

Story of Change

2. What was the most important factor(s) that influenced the decision to implement DRS?
 - What were the indicators that suggested change was necessary.
 - » Prompt: What within current practice/ideology limited your ability to achieve the results you were hoping for?

 - What wasn't working in the traditional CPS model?

- What strategies did you use to gain support for the transition?
- How was support secured in your transition to DRS? (Department support, Political support, Community support)
- Were there any surprises in where you found support? (i.e. found in school, hospitals, religious organizations, etc.)
- Where did you encounter resistance to adopting DRS? (Political resistance, Community resistance)
- What role did consumers play in planning/implementing DRS??

Implementation (Training, Financing and Roll-out)

3. How were staff supported through the transition to DRS?
 - What was the role of agency leadership in the change process?
 - How do you train workers to implement DRS?
 - » How did you develop your training approach
 - » Prompt: Did the agency create its own training or use an alternate source
 - » Did the training provided at the beginning of DRS change over time
 - What supports are provided to supervisors?
 - Describe any culture change that has occurred since you implemented DRS

4. How did the state finance implementation of DRS?
 - Did funding change over time?

 - Did you receive new local, state or federal money?
 - » Did you reallocate local, state or federal money?

 - » Did you get private money from foundations or other outside sources?

5. How was DRS rolled-out in your State?
 - Did you pilot the program before full implementation?
 - » If so, how did you decide where to pilot it?

 - » Prompt: Was consideration given to geography or demographics of the community?

 - » What feedback did you get about the pilot program?

 - » What changes did you make between the piloted model and the final implemented model?

 - What steps were taken to implement state wide?

 - Does DRS operate differently in different regions/counties?
 - » How did you prepare each region to begin implementing DRS?

 - How long did it take to fully implement state wide?

 - What were the challenges to rolling out DRS?

6. Evaluation

- How are you continuing to measure the effectiveness of DRS?

- How is data used to improve practice?

- Are there recent or upcoming reports or evaluations?

- What are your plans for future evaluation?

Appendix C

Codebook

CODE CATEGORY	CODE TERM	DESCRIPTION
Impetus for Change	Bad Reputation of Department	Before implementing DRS, the child protection agencies had a bad reputation either with families, the community, other providers, or even with in-house staff
Intake/Screening Process	Exceptions to Placement on DRS Track	Exclusionary criteria used, and case characteristics that make a family ineligible for DRS and placed on the TR track instead (includes both statutory and discretionary criteria)
In-Home Assessment	Assessment Tool Used	Specific tools that are used by caseworkers to determine safety & risk during the assessment
	Switching Tracks	The flexibility for a report to be transferred from DRS to TR track or vice versa. If possible, at what point in the case life, how does it happen, who must approve?, etc.
Services	Family Identification of Needs/Services	Using the family's own opinions as to what their needs and strengths are, and what type of services would be most beneficial to them when developing a plan for services

CODE CATEGORY	CODE TERM	DESCRIPTION
Support and Resistance to Change	Role of Community Professionals	Experienced support or resistance by other community professionals, including school systems, courts, law enforcement, GALs, social workers, etc. at any stage of development/implementation. If possible, where was the support/resistance met, how was it overcome, where were sources of surprise?
	Role of Legislature	Role taken by legislature throughout the development and implementation stages. Evidence as to their support or resistance
	Concern that DRS Sacrifices Safety	Concerns/hesitations by in-house staff, legislature, community, etc. that the non-adversarial approach to intervention that is emphasized in DRS is not aggressive enough and puts children's safety at risk
	Promotion of DRS to Increase Buy-In	Evidence of states actively promoting DRS across their state (to any audience) to gain more support. Examples are conferences, presentations, training sessions, educational materials, Q&As, etc

CODE CATEGORY	CODE TERM	DESCRIPTION
Pilot Project	Funding: Source for Original Program	Source(s) that provided the funding/ financial resources for the first pilot project of DRS
	Multiple Pilot Rounds	Data related to implementing DRS in multiple waves
	Selection of Pilot Areas	Process of selecting which counties would participate in the DRS pilot project and criteria for the selection
Scale-Up	Changes Made to Exclusionary Criteria After Pilot	Criteria for what reports are eligible for DRS track changed after the pilot project started for any reason
	Effects of Political Climate During Implementation	The political climate (including leadership, political party, state fiscal situations, legislature, etc.) affects (either negatively or positively) the state's ability to develop/implement/ roll-out/continue DRS
Training	Changing Stereotypes of Families Involved with CPS	Changing caseworkers' assumptions and beliefs about families reported for child maltreatment
Future Steps	Effects of Budget Cuts/ End to Funding	Effects of current economic climate on furthering DRS implementation, whether or not states have received budget cuts that have impacted CPS or DRS, and plans for future funding sources

Appendix D

Table 1: Population of Key States and Urban/Rural Distribution

	<i>Minnesota</i>	<i>North Carolina</i>	<i>Nevada</i>
Total Population	5,266,214	9,380,884	2,643,085
% Of Population in Urban Areas	70.9%	60.2%	91.5%
% Of Population in Rural Areas	29.1%	39.8%	8.5%

U.S. Census Bureau, “State & County QuickFacts; Population and Housing Unit Counts U.S. Census Bureau, Census 2000”^{1,2,3,4,5,6}

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- 1 United States, Department of Commerce, Census Bureau, Population and Housing Unit Counts: Minnesota, by US Census Bureau, 2000 Census of Population and Housing Counts (Washington, DC: US Census Bureau, 2003).
 - 2 United States, Department of Commerce, Census Bureau, Population and Housing Unit Counts: North Carolina, by US Census Bureau, 2000 Census of Population and Housing (Washington, DC: US Census Bureau, 2003).
 - 3 United States, Department of Commerce, Census Bureau, Population and Housing Unit Counts: Nevada, by US Census Bureau, 2000 Census of Population and Housing (Washington, DC: US Census Bureau, 2003).
 - 4 US Census Bureau, “Minnesota QuickFacts from the US Census Bureau,” Minnesota State and County QuickFacts, 4 Nov. 2010, Mar. 2011 <<http://quickfacts.census.gov/qfd/states/27000.html>>.
 - 5 US Census Bureau, “North Carolina QuickFacts from the US Census Bureau,” North Carolina State and County QuickFacts, 10 Nov. 2010, Mar. 2011 <<http://quickfacts.census.gov/qfd/states/37000.html>>.
 - 6 US Census Bureau, “Nevada QuickFacts from the US Census Bureau,” Nevada State and County QuickFacts, 10 Nov. 2010, Mar. 2011 <<http://quickfacts.census.gov/qfd/states/32000.html>>.

Table 2: Age Distribution in Key States

	<i>United States</i>	<i>Minnesota</i>	<i>North Carolina</i>	<i>Nevada</i>
% Of Population Under 18	24.3%	23.9%	24.3%	25.8%
% Of Population Under 5	6.9%	6.9%	7.1%	7.7%

U.S. Census Bureau, “State & County QuickFacts”^{7,8,9}

7 US Census Bureau “Minnesota”.

8 US Census Bureau “North Carolina”.

9 US Census Bureau “Nevada”.

Table 3: Income Distribution in Key States

	<i>United States</i>	<i>Minnesota</i>	<i>North Carolina</i>	<i>Nevada</i>
National Median Household Income	\$52,029	\$57,318	\$46,574	\$56,432
% Below Poverty Threshold	13.2%	9.6%	14.6%	11.2%

U.S. Census Bureau, “State & County QuickFacts”^{10,11,12}

10 US Census Bureau “Minnesota”.

11 US Census Bureau “North Carolina”.

12 US Census Bureau “Nevada”.

Table 4: Race Distribution in Key States

	<i>United States</i>	<i>Minnesota</i>	<i>North Carolina</i>	<i>Nevada</i>
White	79.6%	88.6%	73.7%	80.3%
Black	12.9%	4.7%	21.6%	8.3%
American Indian and Alaska Native	1.0%	1.3%	1.3%	1.5%
Asian	4.6%	3.8%	2.0%	6.6%
Native Hawaiian and Other Pacific Islander	0.2%	0.1%	0.1%	0.5%
Hispanic or Latino origin	15.8%	4.3%	7.7%	26.5%
Two or More Races	1.7%	1.6%	1.3%	2.8%

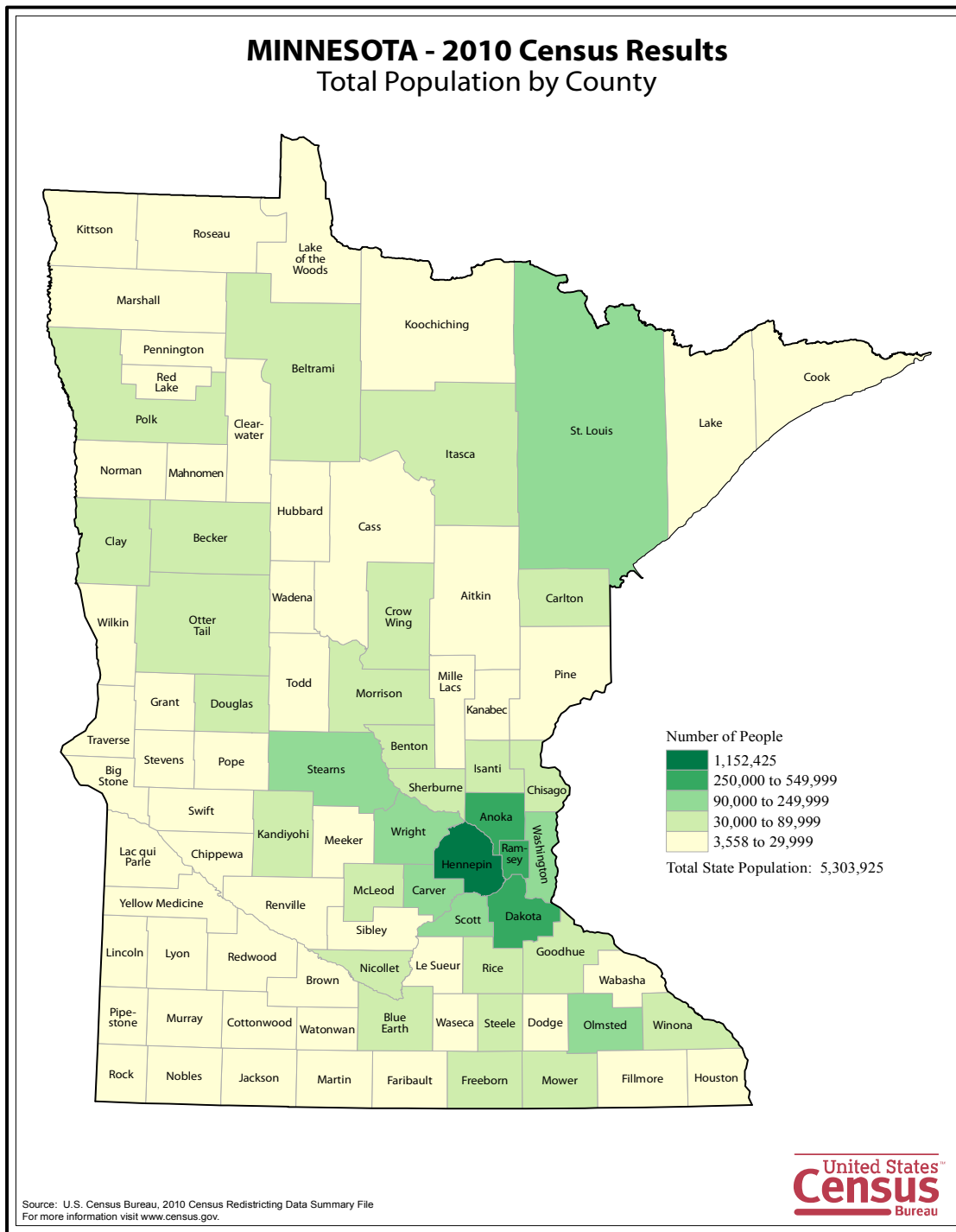
U.S. Census Bureau, “State & County QuickFacts”^{13,14,15}

13 US Census Bureau “Minnesota”.

14 US Census Bureau “North Carolina”.

15 US Census Bureau “Nevada”.

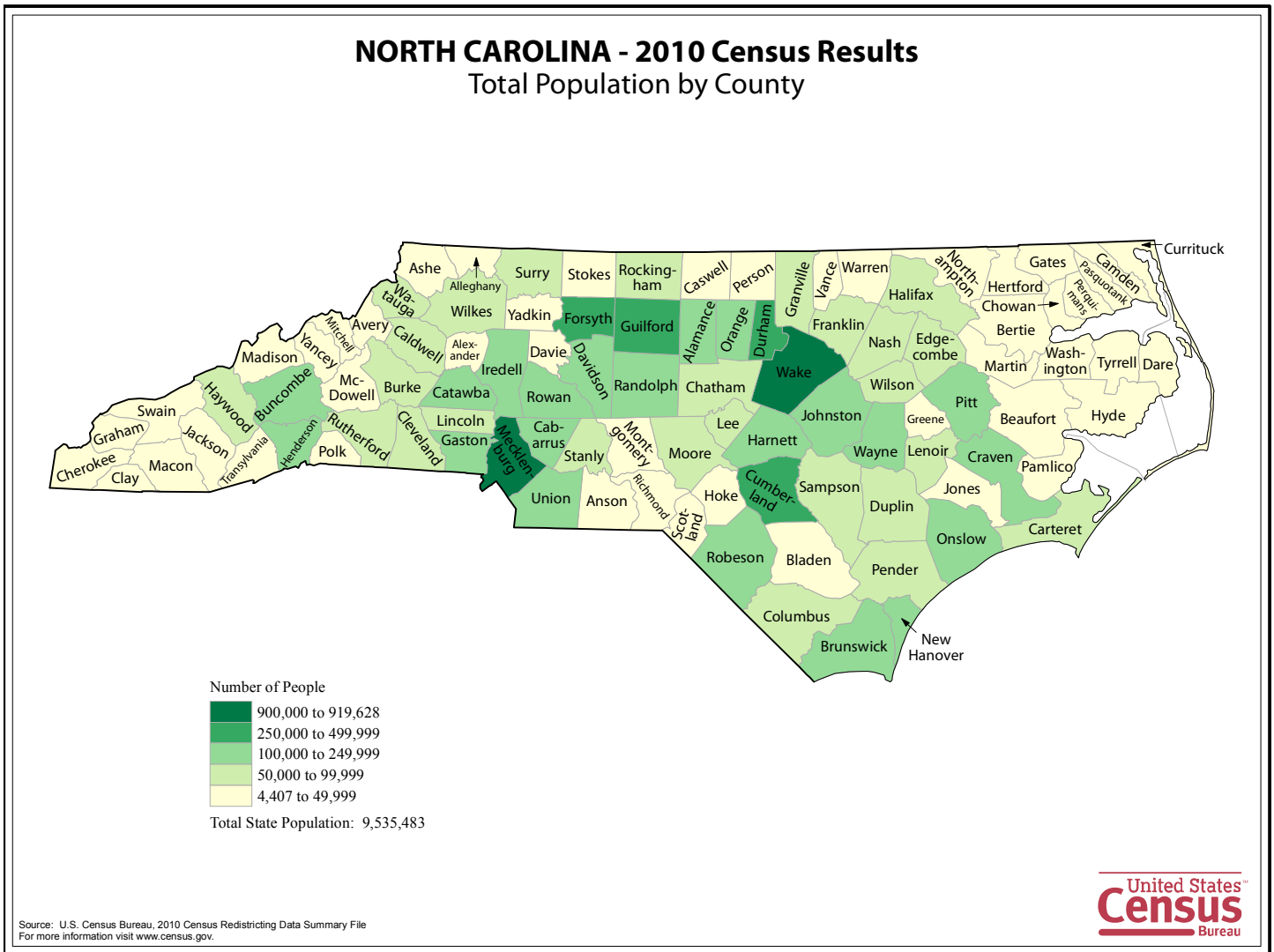
Figure 1: Minnesota Population Density Map



US Census Bureau. “2010 Census Redistricting Summary File: Minnesota - 2010 Census Results Total Population by County.”¹⁶

16 US Census Bureau, “Minnesota 2010 Census Results: Total Population by County,” map, 2010 Census Redistricting Data Summary File: Minnesota - 2010 Census Results Total Population by County, 2010, Apr. 2011 <www.census.gov>.

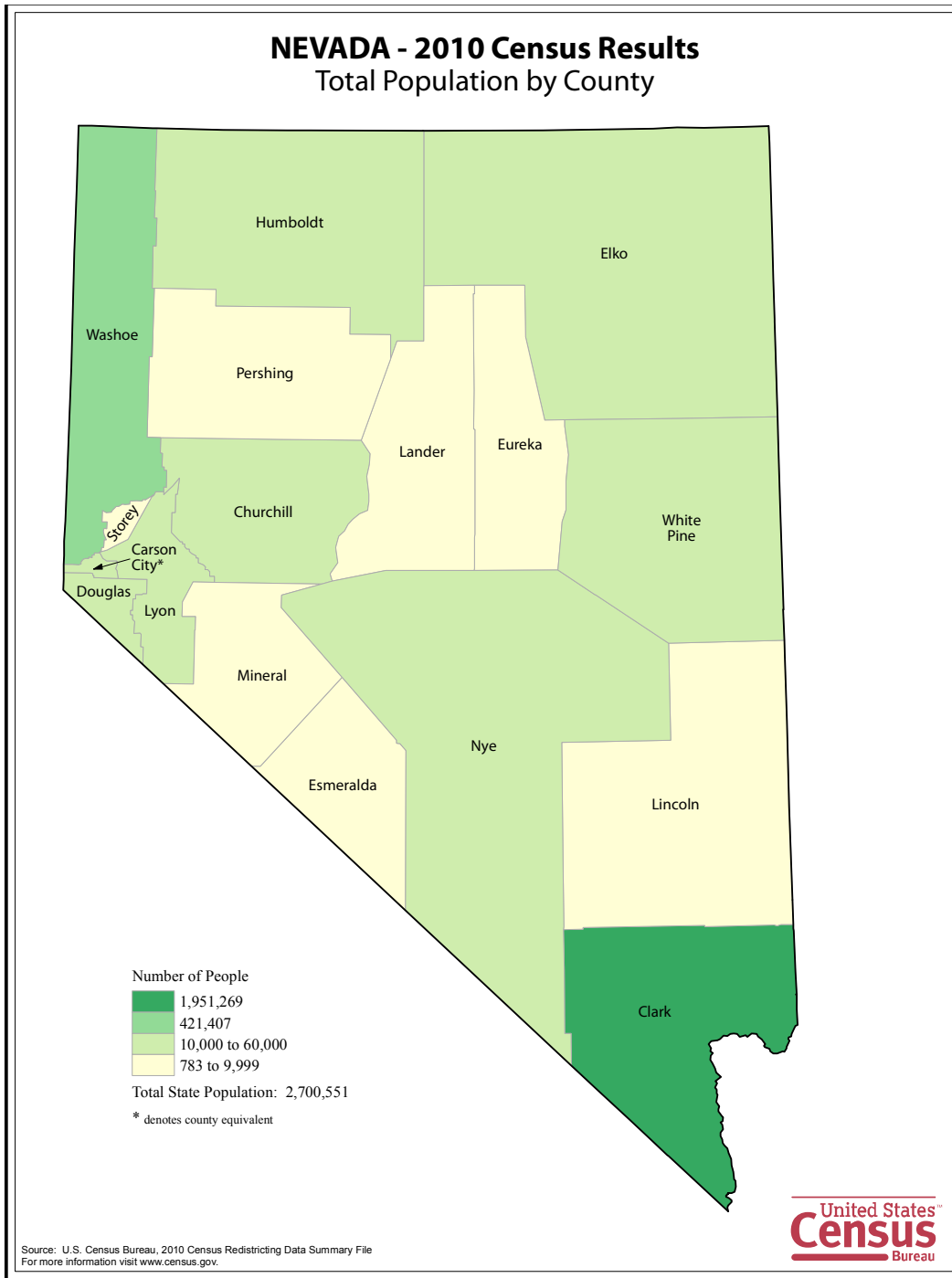
Figure 2: North Carolina Population Density Map



US Census Bureau. “2010 Census Redistricting Summary File: North Carolina - 2010 Census Results Total Population by County.”¹⁷

17 US Census Bureau, “North Carolina 2010 Census Results: Total Population by County,” map, 2010 Census Redistricting Data Summary File: North Carolina - 2010 Census Results Total Population by County, 2010, Apr. 2011 <www.census.gov>.

Figure 3: Nevada Population Density Map



US Census Bureau. “2010 Census Redistricting Data Summary File: Nevada - 2010 Census Results Total Population by County.”¹⁸

18 US Census Bureau, “Nevada 2010 Census Results: Total Population by County,” map, 2010 Census Redistricting Data Summary File: Nevada - 2010 Census Results Total Population by County, 2010, Apr. 2011 <www.census.gov>.

Appendix E

**Memorandum of Understanding
between
Tufts University Field Projects Team No. 1
and
Casey Family Services**

I. Introduction

Project (i.e., team) number: 1

Project title: *Reforming Child Protective Services through Differential Response*

Client: Casey Family Services

This Memorandum of Understanding (the "MOU") summarizes the scope of work, work product(s) and deliverables, timeline, work processes and methods, and lines of authority, supervision and communication relating to the Field Project identified above (the "Project"), as agreed to between (i) the UEP graduate students enrolled in the Field Projects and Planning course (UEP-255) (the "Course") offered by the Tufts University Department of Urban and Environmental Policy and Planning ("UEP") who are identified in Paragraph II(1) below (the "Field Projects Team"); (ii) Casey Family Services, further identified in Paragraph II(2) below (the "Client"); and (iii) UEP, as represented by a Tufts faculty member directly involved in teaching the Course during the spring 2011 semester.

Casey Family Services

II. Specific Provisions

(1) The Field Projects Team working on the Project consists of the following individuals:

- | | | |
|------------------------------|----------------|------------|
| 1. <u>Brian Flynn</u> | email address: | [REDACTED] |
| 2. <u>Tessa Orbach</u> | email address: | [REDACTED] |
| 3. <u>Jacqueline Furtado</u> | email address: | [REDACTED] |
| 4. <u>Judith Scott</u> | email address: | [REDACTED] |

(2) The Client's contact information is as follows:

Client name: Casey Family Services

Key contact/supervisor: Nicole McKevey-Walsh

Email address: [REDACTED]

Telephone number: [REDACTED]

FAX number: [REDACTED]

Address: 127 Church Street, New Haven, CT 06510

Web site: www.caseyfamilyservices.org

- (3) The goal/goals of the Project is/are:

The Field Project Team will provide an analysis of the implementation of differential response systems in three selected states. The states selected are Nevada, Minnesota and North Carolina. The analysis will include an examination of model design, culture change, involvement of and impact on consumers, scaling up, financing and policy changes and recommendations. The field report on the experiences of the three states will be submitted to the New England Association of Child Welfare Commissioners and Directors who are intending to organize a Regional Network on Differential Response.

- (4) The methods and processes through which the Field Projects Team intends to achieve this goal/these goals is/are:

Initially, the Field Project Team will contact lead contacts, provided by the Client, in the three selected states. Interviews via telephone or videoconferencing with these lead contacts will be conducted. The Field Project Team will also conduct interviews with any additional contacts within the state to obtain information excluding children and families directly affected by the differential response system.

- (5) The work products and deliverables of the Project are (this includes any additional presentations for the client):

UEP and the Client will receive a copy of any deliverables provided by The Field Project Team. Those deliverables include a bound copy of the complete final written report and a CD containing copies of the report. In addition, the Field Project Team will provide a presentation of the differential response system analysis to management within Casey Family Services in April.

- (6) The anticipated Project timeline (with dates anticipated for key deliverables) is:

February 14th: Client received a draft of interview questions
February 16th: MOU signed by team and client submitted to UEP
Project Proposal submitted for IRS review
March 1st: Initial project outline submitted to UEP and the Client
April 8th: First draft submitted to UEP and the Client
April 20th, 27th and May 3rd: Final in-class presentations
May 6th: Final deliverables due to UEP and client

- (7) The lines of authority, supervision and communication between the Client and the Field Projects Team are (or will be determined as follows):

The Field Project Team will have weekly phone and/or e-mail check-ins with the key Client contact. In-person and videoconferencing meetings will occur between the Field Project Team and the Client during various stages of the project. The Field Project Team will submit copies of the interview questions, report outline and reports for feedback and input. The Client will provide feedback or direction to the Field Project Team at any point during the Project.

- (B) The understanding with regard to payment/reimbursement by the client to the Field Projects Team of any Project-related expenses is:

The Client agrees to reimburse any travel expenses for meetings with clients incurred by the Field Project team which may include mileage, tolls, gas and parking costs. The Client also agrees to cover any long distance telephone charges associated with interviews.

III. Additional Representations and Understandings


- A. The Field Projects Team is undertaking the Course and the Project for academic credit and therefore compensation (other than reimbursement of Project-related expenses) may not be provided to team members.
- B. Because the Course and the Project itself are part of an academic program, it is understood that the final work product and deliverables of the Project – either in whole or in part – may and most likely will be shared with others inside and beyond the Tufts community. This may include, without limitation, the distribution of the Work Product to other students, faculty and staff, release to community groups or public agencies, general publication, and posting on the Web. Prior to public distribution of the project each of the three states, that are subjects of the report, shall give final approval regarding the accuracy of the information as reported by UEP. Should additional information on DRS become available the Client reserves the right to add to the content of the project. Tufts University and the Field Projects Team may seek and secure grant funds or similar payment to defray the cost of any such distribution or publication. It is expected that any issues involving Client confidentiality or proprietary information that may arise in connection with a Project will be narrow ones that can be resolved as early in the semester as possible by discussion among the Client, the Field Projects Team and a Tufts instructor directly responsible for the Course (or his or her designee)."]
- C. The Client can review all research data and notes. If recommendations and/or conclusions are deleted or altered, the Client should notify UEP and/or Field Project Team. The Client has permission to use excerpts of the report. When the report is quoted or referenced, the Field Team Project should be mentioned as authors of the report. As decided in the Proposal written by the Client, the report generated from the


Project will be submitted to the New England Association of Child Welfare Commissioners and Directors who are intending to organize a Regional Network on Differential Response. The Client may also utilize and/or present the report when conducting any project related child welfare, especially child protection services and differential response systems.

- D. It is understood that this Project may require the approval (either through full review or by exemption) of the Tufts University Institutional Review Board (IRB). This process is not expected to interfere with timely completion of the project unless interviews with children and families are included in the Project. If the Field Project Team comes in contact with any children and/or families, the project would have to be resubmitted to the IRB and the project may be delayed.

IV. Signatures


 For: [NAME OF CLIENT]
 By: [PRINTED NAME]
 Date: _____, 2011


 Representative of the Field Projects Team
 By: [PRINTED NAME - only one team member's signature is necessary]
 Date: 2/6, 2011 *Jacqueline Furtado*


 Tufts UEP Faculty Representative *Rachel G. Batt*
 By: [PRINTED NAME of the Instructor Working With Your Team]
 Date: 2/17, 2011

[NOTES:

- 1. (*) Each place in this document marked by brackets "[]" needs to be filled in with specific information (or the existing text reviewed and, if necessary, modified) and the

1. (*) Each place in this document marked by brackets "[]" needs to be filled in with specific information (or the existing text reviewed and, if necessary, modified) and the brackets removed. If bracketed material is merely explanatory, it should be removed from the final document (that is, the document that is signed).
2. Items (3) through (5) in Part II may be addressed by reference to the Project Description (which does not have to be attached); but all material changes should be noted in some fashion.
3. If necessary, you can complete the signature page in separate pieces (e.g., with the team and instructor signing one copy, and the client signing and faxing in a second copy).
4. Part III is the place to include other issues that you need to identify and resolve (p front.)



Office of the Vice President

Social, Behavioral, and Educational Research
Institutional Review Board
FYSH0000063

Re: IRB Study # 1102023
Title: Evaluating the Efficacy and Implementation Process of Differential Response Systems within the Child Protective Services System Nationwide
PI: Brean Flynn
Department: Urban and Environmental Policy and Planning
Co-Investigator(s): Judith Scott, Jacqueline Furtado, Tessa Orbach
IRB Review Date: 2/14/2011

February 18, 2011

Dear Brean,

This is the official notification that your project, *Evaluating the Efficacy and Implementation Process of Differential Response Systems within the Child Protective Services System Nationwide*, protocol # 1102023 does not meet the definition of research under the Code of Federal Regulations Title 45 Part 46.102(d); therefore is not subject to review by the Institutional Review Board.

Please be sure to file this notification.

Sincerely,

A handwritten signature in black ink, appearing to read "Yvonne Wakeford".

Yvonne Wakeford, Ph.D.
IRB Administrator

