

# Ohio Alternative Response Regional Forums

June – July 2007

## Responses to Participant Questions

### NUTS and BOLTS

#### 1. What is AR?

The volume of reports, the difficulty of cases, the limited resources CPS agencies have available, coupled with a national recognition and implementation of family-centered practice and strength-based values, have converged as the rationales supporting practices and policies for differentiating how reports of child abuse and neglect are handled. Since the mid-1990s, an increasing number of States are implementing differential response in their CPS systems, providing agencies with the flexibility to differentiate their response to accepted reports of child abuse and neglect based on a variety of factors. The use of differential responses allows agencies to provide services to some families without a formal determination of abuse or neglect.

The report of the Subcommittee on Child Abuse, Neglect and Dependency (hereafter Subcommittee) clearly raised the question whether an investigative approach is always the most appropriate response, especially for low- to moderate-risk cases. As with all child protection intervention, *the primary goal for alternative response systems is the safety and well-being of the child*. But, differential response systems contend that for most reports, where there is not an immediate risk of severe or substantial harm, safety is best achieved through the collaborative engagement of whole families and the provision of services and resources needed to assist parents in their efforts to keep their children safe.

The eight American Humane Association– Child Welfare League of America (AHA-CWLA) core elements that guide the AIM project team’s preferences in the design structure for Ohio’s alternative response system include:

- a. The use of two or more discrete responses of intervention typically identified as the family assessment track/pathway and the investigation track/pathway. In Ohio, there would be two pathways for responding to reports that meet Ohio’s statutory definition of child maltreatment including an investigative path for reports of substantial child endangerment and a family assessment path for all other reports.
- b. The creation of multiple responses for reports of maltreatment that are *screened in and accepted for* response.
- c. The determination of the response assignment by the presence of imminent danger of serious harm, level of risk, the number of previous reports, the source of the report, and/or presenting



case characteristics, such as type of alleged maltreatment and age of the alleged victim. Typically, accepted reports categorized as low- or moderate-risk are assigned to the non-investigation assessment response.

- d. The ability to change original response assignments (either decreased to family assessment or elevated to investigation) when new information indicates the other pathway is the more appropriate approach.
- e. The establishment of multiple responses is codified in statute, policy, and/or protocols.
- f. The ability of families who receive a non-investigatory response to accept or refuse the offered services after an assessment without consequences, as long as child safety is not compromised (i.e., services are voluntary).
- g. The perpetrators and victims are not identified when alleged reports of maltreatment receive a non-investigation assessment response, and services are offered without a formal determination of child maltreatment (i.e., substantiation).
- h. The differential use of the central registry or local intake unit, depending on the type of response. The name of the alleged perpetrator is not entered into the central registry or local intake unit for individuals who are served through a non-investigation assessment response pathway. *(Since Ohio does not have a central registry, the AIM project team would look at the retention of records as a critical element.)*

## **2. What are the implementation dates?**

As listed in the RFP, the AR Design Workgroup will meet between mid-September and late November. December 2007 through March 2008 will be the training design and delivery, and the pilots go “live” on April 1, 2008 for 18 months (or until September 30, 2009).

## **3. What’s the process for becoming an AR pilot?**

The process for becoming a pilot is responding to the RFP, released by the AIM team on behalf of the Ohio Supreme Court and the Ohio Department of Job and Family Services. A selection process will ensue in early September. The first meeting of the Design Workgroup is scheduled for mid-September.

## **4. What are the criteria that will be used to select pilots?**

The criteria for selecting pilots are delineated in the Application Worksheet. An additional consideration is the desire to have a representative sample of the Ohio child protection population in the project to allow outcomes to be generalized to the whole of the state.

## **5. What are the proposed rules for AR?**

Attached to this RFP is the legislation authorizing the Alternative Response pilots. The structure of the AR pilot will be designed by AR Design Workgroup, made up of the pilot counties, funding agencies and other Ohio stakeholders. As enabled through this statute, ODJFS will adopt Ohio Administrative Code rules that establish authority for implementation of the process developed by the AR Design Workgroup.



## **6. Is there a label for AR families (label, as in disposition)?**

For families served through the family assessment pathway, there is no formal determination of abuse and neglect. Children are not considered victims of abuse and neglect. One of the core elements of alternative response systems is to set aside the fault finding and a formal disposition. Families served through the non-investigation assessment pathway will be identified as Family Assessment cases.

## **7. What do you call these cases when we want custody (if not abuse or neglect)?**

Cases requiring court intervention, such as out of home placements, would receive an investigation response. They would not be served through the assessment pathway, and would receive a disposition.

## **8. Will this be done in counties without resources?**

As illuminated in the RFP, resources for post-assessment services will be provided to the pilot counties. A limited amount of funds also are available to pilots to assist with affiliated project costs.

## **9. With regard to data collection: IAR, can you switch tracks also, if we decide to and document it as such?**

Counties will be able to switch experimental cases from family assessments (AR) to traditional investigations as necessary. If track switches are not recorded in SACWIS, the evaluators must develop a method of learning of these. During the period in which reports are randomly assigned to experimental and control groups (probably during the first 12 to 15 months of the evaluation), we ask that control cases not be switched from investigations to family assessments. After this period, any report that is appropriate for AR will be assigned to a family assessment and at that point counties may switch tracks in either direction (investigation to family assessment or family assessment to investigation) as needed.

## **10. Will this be state mandated with state guidelines? Or, county run?**

A Design Workgroup will be formed at the inception of the project. This workgroup will be comprised of representation from each of the pilot counties as well as other stakeholders such as representatives from ODJFS, Supreme Court of Ohio, the Subcommittee and others. It is this group that will provide the overarching framework for the project. Each county will have the ability to tailor its Alternative Response System within this framework.



## **WORKER/PRACTICE ISSUES**

### **11. How will this affect my caseload?**

This question cannot be specifically answered at this time. The primary variables that will likely affect caseload are related to the final design of the AR model, the number of cases that will be assigned to the family assessment pathway, the case transfer and case assignment policies and procedures of each respective pilot site and the services provision duration.

The PCSA may decide to have either mixed case loads or specialized caseloads. A second design consideration that may impact caseload is the role of community partners in the provision of services. Effective engagement with children, youth and families requires time so it is hoped the assigned workload will take this into account. A county may elect to serve the same number of families but to do it differently; in this case the workload remains similar but the work is done differently.

### **12. Is it hard for caseworkers to change their approach and philosophy? Is it a difficult skill set to acquire?**

The shift from an adversarial approach where parents are “investigated” in a quasi-law enforcement approach, to one in which parents are partners in maintaining child safety is a significant change for most CPS agencies. The fault finding tendency is strong and cannot be reversed by simply changing the protocol. Minnesota found that the most significant changes in its child welfare system were in what it believed about, and conveyed to, families.

Various studies show that family assessment workers report greater job satisfaction, and that serving families through the assessment pathway provides them the opportunity to practice “old fashioned” social work, supporting families in crisis.

Training, from knowledge, values exploration, and skills acquisition will support the pilot counties in implementing this approach. In addition, post-training technical assistance, advanced skills training, and the various workgroups will support the pilot counties with their implementation of AR.

### **13. Who gets trained?**

The preferred focus of training will include child protection social work staff across all levels in the agency and any community partners that will interface with the local pilot.

### **14. What kind of training are we going to have?**

Recommendations on the type and content of the training will be provided by the Design Workgroup. Training is likely to include an orientation to the AR philosophy and practice, the



assessment protocol, and a variety of course offerings concerning strength based and collaborative intervention strategies.

### **15.Are cases open longer?**

The length of cases served through the Investigation pathway will not be impacted; cases served through the Family Assessment pathway have a varied length of service that can be influenced by the service design. When the initial family assessment and brief services are separated from longer ongoing services, social workers are able to meet the needs of children and families within 45 days. Those families receiving ongoing services will have varied lengths of service depending on the challenges presented. Since the cases in the assessment pathway are of low to moderate-risk, and in many States aren't likely to receive services, it could be estimated that servicing these cases will take longer, than if they were substantiated and closed with no services delivered.

### **16.How many cases are assigned to a Family Assessment worker a month and then for a year?**

The answer to this question is in part dependent on the design that is put in place. In some counties a Family Assessment worker might do 100 – 120 assessments a year when ongoing services are not included. If a Family Assessment worker is doing initial assessment and brief services plus longer ongoing services for a cohort of families the range is estimated to be 30 – 50 families in a year. The latter caseload ranges are an estimate and actual experience will vary by site.

### **17.How long do you usually work with a family in the AR track?**

Families served through the assessment pathway may be open for 45 days to longer periods of time depending on the needs of families. This amount of time is essential to families receiving needed and requested services. A number of studies document that families receiving the non-investigation assessment response are more likely to be receptive to, and engaged in, the receipt of services when approached in a non-adversarial, non-accusatory way, resulting in better outcomes for these families.

### **18.How do you decide AR vs. investigation, and who makes that call?**

The local county agency will receive guidance from the state via the Design Workgroup on what types of reports must have an investigation and which reports are eligible for an alternative response assessment. In addition, the county's proposal may further focus the AR assessments to a specific community or geographic area. How a particular pilot county makes a decision about response selection is a program design issue. Pilot counties may have individual social workers make the decision, and/or a supervisor or a team. At least until a practice norm is established it is best to have either a team assignment review process or a supervisory review of the screening social worker's track assignments.



**19. When you accept cases, do you substantiate/unsubstantiated, then un-label when you assign?**

The pathway assignment decision is made when the report is accepted by the PCSA, prior to the first contact with the family. The decision is based on the nature of the allegation and supplemental criteria (i.e., known safety concerns). For families assigned to the assessment pathway, maltreatment determinations are put aside; for families assigned to the investigation pathway, there would be a dispositional determination.

**20. Do you separate investigation and (ongoing) services provision functions (staff)?**

This is a local design option. There is no preferred choice regarding this staff allocation decision. In other States, very small counties have often not separated the functions due to economy of scale considerations. In most other counties, the two functions have often been separated to facilitate the development of specialized skills and to better meet workload requirements. It is worth noting that the practice of separating investigation and ongoing services is based on the concern that it is difficult to form a therapeutic alliance with an investigator who has been documenting parental maltreatment. When the initial contact assumes parental interest in keeping children safe and is focused on respectful engagement, it is not necessary to separate the assessment and ongoing service functions.

**21. Do you have different staff to respond to AR?**

Based on existing staffing resources and structures, counties will receive pre-implementation technical assistance to support their decision making. For example, in Minnesota, some of the smaller counties have few CPS workers, resulting in the CPS workers conducting both investigations and family assessments. Some other Minnesota counties have distinct family assessment workers and investigative workers. One lesson from Minnesota is that with a bifurcated structure, it is important to support internal collaboration directed at the agency efforts to accomplish safety, well being and permanency outcomes.

**22. Do you have workers with specialized skills in an ongoing unit also (for the development of case plan)?**

Assessment workers work with the family to develop the plan for services. Through engagement and offering of voluntary services, the family assessment workers work to provide families with the services and supports they need. The pilot county has the opportunity to design the distribution of work to fit best with local culture.

**23. How do you maintain a sense of being on the same side with the family while everyone knows that CPS carries a “hidden hammer?”**

The shift from an adversarial approach, where parents are “investigated” in a quasi-law enforcement approach, to one in which parents are partners in maintaining child safety is a



significant change for most CPS agencies. The fault finding tendency is strong and cannot be reversed by simply changing the protocol. The State of Minnesota found that the most significant changes in its child welfare system were in what it believed about, and conveyed to families. Their experiences have recognized that most parents want to keep their children safe, but sometimes circumstances or conditions interfere with their ability to do so. When this occurs, families are best served by interventions that engage their protective capacities and address immediate safety concerns and ongoing risks of child maltreatment. The intent of the assessment pathway in alternative response systems is to encourage families who come into contact with CPS to seek assistance when they are in crisis. When families are not unnecessarily traumatized, they may be more willing to seek assistance in the future because of the supportive nature of the intervention.

Family Assessment does not diminish the authority that a public child welfare agency has in the area of child protection. Effective engagement with families is transparent and involves honest sharing of known information. It is hoped that the constructive work with the family to achieve child safety can be accomplished without further intrusion into the family.

#### **24. What is the difference in paperwork requirements between assessment & investigation?**

The Design Workgroup will provide guidance on this area at a later point. AR assessments are not forensic in nature but continue to focus on child safety as a primary function and child and family well being as additional areas of concern and targets for intervention. Paperwork, including the use of specific assessment tools, supports this agenda.

#### **25. What is the difference in the amount of time caseworkers spend on one type of case vs. another?**

In general, the most likely outcome for an AR assessment is that the case will be closed upon the mutual agreement of the agency and the family after determining that no child safety issue is present. Possibly one-third of the AR assessments will result in some short term service offering as requested by the family and agreed upon by the agency. A smaller set of families will need more intensive and extensive services to assure continued child safety.

#### **26. What are the timeframes for response and completion of various tasks?**

The program Design Workgroup will provide guidance on this area at a later point. In Minnesota, AR assessments require an initial face to face contact with the child and primary caretaker within 5 calendar days, a disposition (“family assessment”) within 45 days and, if services are needed, a case plan within 30 days.

#### **27. How does the “screening” work? How do screening guidelines differ?**

The assignment of a report to either a Family Assessment or Investigative pathway is made after a report has been screened in, that is accepted, by the PCSA as a report of suspected child abuse



or neglect. So, from a theoretical standpoint, AR does not affect county screening guidelines. It is likely, however, there will be some discussion of screening policies by the Design Workgroup.

### **28. How does the screening function change with AR?**

The screening function does not necessarily change with AR. There are two steps to a case being assigned to the AR pathway. First, a report must meet the legal threshold to be accepted as a report of suspected child maltreatment requiring the child protection agency to respond. Second, the agency must have a process in place to guide the choice of response to the report - - either the traditional investigatory response or the family assessment response.

### **29. Do you rule (screen) out everybody, and then bring them back into the system to assign to AR?**

AR is not a diversionary program and path assignment is made after the report has been accepted. AR cases are child protection cases. If not responded to under an AR assessment, these reports would be receiving an investigation. Only screened in reports are eligible for either an investigation or an AR assessment.

### **30. Do you have to have team screening?**

Each county pilot will design its respective process for deciding which response is appropriate for an accepted report of child maltreatment. See question #18.

### **31. How do you know what has happened without a disposition?**

AR assessments do result in a disposition about safety and the need for services. Only the disposition about fault finding is set aside.

### **32. How do you know what has happened without a disposition?**

A method must be in place to determine the initial outcome of the family assessment. This may be as simple as “no services needed” versus “services needed.” More detailed descriptions of outcomes are possible, which might include the safety problems/no safety problems and more detailed information on service needs identified, but most of this information will be available in Ohio through CAPMIS records.

### **33. How do you meet time frames with the team screening? How does this affect caseworker hours?**

Team screening is only feasible when same day review of reports can occur. Team review is not a mandatory component of the path assignment process and will be dependent upon the work of the Design Workgroup and the pilot site’s caseload plan. It might also be noted here, again, that



OAC rules will be enacted to govern the operation of the pilot program. This most likely will include adjusted timeframes.

### **34. Without a registry, how can you see history?**

In Minnesota, counties continue to maintain a record of the AR assessment for four years after the case is closed. Counties used the record of past services and case detail to provide service history. The SACWIS system should provide a method of determining previous encounters of families with CPS, but this would be limited to people permitted to access SACWIS data.

### **35. Do you hold cases until the next day? You use this for investigation, also? How does this work?**

There are differences in time lines between Minnesota and Ohio. Within Minnesota, there are also differences. Olmsted County has a team decision-making process that is unique from the processes in other jurisdictions. The Design Workgroup will have to consider how cases are transferred from the acceptance of a report to the assignment of a pathway well as the time frame in which this is to occur. The Design Workgroup will provide guidance for pilot implementation.

### **36. What happens to families that opt out?**

An AR assessment requires sufficient cooperation from the family to assess child safety and the risk of maltreatment. If the family refuses cooperation at this level, then the tools available in investigations including a petition for juvenile court jurisdiction may be necessary.

### **37. How do you deal with “frequent fliers?”**

“Frequent fliers” refers to chronic child abuse and neglect cases. History – the existence of prior reports, opened cases and prior child removals — will be one of the criteria used to determine whether a family can be served through AR. In Missouri and Minnesota, these criteria were listed as possible case characteristics that might be used to disqualify a family for AR. However, in both states substantial portions of families determined to be appropriate for AR and provided with a family assessment had been in contact with the system before. In addition, experimental families that subsequently returned to the system one or more times were often reassigned to the AR track and given a family assessment rather than an investigation. With repeated reports of child maltreatment on an individual family, it may be desirable to attempt a different approach in order to achieve a different outcome.



## **SUPERVISOR & ADMINISTRATOR ISSUES**

### **38. What is the role of supervision and leadership?**

The supervisor occupies a critical position in both supporting social work intervention and by providing supervision and consultation on the work to be done with children, youth and families. Administrative support and leadership is an important variable in managing and promoting change in agency practice. Supervisors and administrators who gain an understanding of AR are well equipped to translate identified changes in practice into operations on the ground.

### **39. How do I help volunteers (my CASA staff) understand AR and their role?**

Training and information meetings will provide an opportunity for community stakeholders to gain information about AR. Professional literature will also be available. Since reports requiring court intervention and out of home placement are not likely to be AR cases, it is unlikely that your CASA volunteers will be involved with AR families. Still, it is important that all community partners understand AR.

### **40. Do we have to increase staff?**

The answer to this question is tied to the design the agency puts into place and the amount of resources available to the agency. Generally, an increase in staff is needed if there is an increase in the population to be served.

### **41. Will training include supervisors?**

The supervisors provide daily guidance for program operations, and practice consultation so it is very important that they participate in training. A key supervisor function is the transfer of new information into daily practice and therefore, they are essential for inclusion in training.

## **SACWIS/CAPMIS**

### **42. How does SACWIS fit into this project? How exactly is this project going to work within SACWIS? (no disposition; complete CAPMIS, etc.)**

The answer to this question is unknown at this time and will be shared with all pilot counties when the response becomes known. A decision regarding the extent that AR will integrate into SACWIS will be announced prior to the application deadline.

Integrating revised screening, assessment and case decision criteria and response options will be a critical component of the alternative response pilot and the Ohio CAPMIS/SACWIS interface. For the pilot, provisions will be made for data entry, data retrieval, data confidentiality, and report generation. The Subcommittee, the Workgroup and ODJFS, and the AIM project team



plan to design an integration module or other suitable interface that meets pilot needs and does not exacerbate workload pressures or necessitate duplicative recording requirements. In the event that Ohio SACWIS cannot readily accommodate alternative response pilot implementation requirements, the project team has other systems that can be used for data collection purposes that will result in no delays in the evaluation phase. The AIM project team will work with ODJFS to define the key tasks to accomplish this activity, whether it is within the Ohio SACWIS system, or outside. Regardless of the course of action ultimately chosen, it is expected that a waiver or other mechanism will be established to obviate the need to reach a disposition on assessment path cases. Other specific CAPMIS/SACWIS adjustments will be considered as the Alternative Response design is developed.

In Minnesota and Missouri, the type of response, formal case records and safety, risk and service forms were entered in the traditional manner on AR families with service cases or child removals.

### **43. How does the assessment fit with CAPMIS? We just are learning CAPMIS; will it change?**

The project team recognizes Ohio's strong and on-going investment in the Comprehensive Assessment and Planning Model– Interim Solution (CAPMIS) which offers caseworkers a structured and computer-based process to support and document critical assessments, interventions, and decisions involving children and their families. Incorporating and/or revising CAPMIS assessment approaches for the pilot will be a key component of the AR policy and procedures development process. Prior to this taking place, one cannot pre-judge the outcome of these decisions. Nonetheless, it is expected that the AR design will incorporate the policy that all family assessment path cases be required to have a safety assessment completed on the first contact and that the contact be made within a limited time frame (such as five days from date of report). Both the child who is the subject of the report and the primary caregiver would continue to have a face-to-face assessment during this time period, sufficient to assess the immediate safety of the family members. All family assessment path cases should also include a formal risk assessment and strength and needs assessment.

There will also likely be a specified timeframe for completing family assessments. The most likely recurrence of a maltreatment incident is in the days and weeks immediately following the initial incident. Long time periods between assessment and provision of services wastes the opportunity for a timely intervention. The conclusion of the family assessment may include a decision about the need for child protective services and or voluntary family support services.

### **44. Is this going to be built into SACWIS? No, I mean *really* – not ideally – will this be built into SACWIS?**

AR must be built into the SACWIS system, but not necessarily at the beginning of pilot. The SACWIS system will be used whenever possible. In Minnesota the changes to SACWIS occurred several months after the pilot project had begun. Prior to this, counties kept paper records of track assignment decisions and certain assessments forms (comparable to CAPMIS).



In Ohio, CAPMIS will already be a part of the SACWIS system. In Missouri, basic changes to the state MIS occurred during the RFP and planning phases of the pilot.

In instances where the system cannot readily accommodate all AR pilot needs, the AIM Team is committed to designing an integration module or other suitable interface that meets pilot needs and does not exacerbate workload pressures or necessitate duplicative recording requirements

#### **45.How will new CAPMIS mandates be tracked?**

As permitted under the authorizing statute, temporary OAC rules will be developed to enable any process or timeframe that is at odds with existing policies and/or processes.

#### **46.SACWIS is hard to go back & read cases, without a disposition, we won't be able to get a feel for the cases.**

CAPMIS tools will be completed for AR cases and will be one source of information. If intake reports are retained in SACWIS the descriptions provided by reporters will be available. This type of information was available in Minnesota.



## **COURTS**

### **47. How can CPS & Courts effectively achieve the purposes of AR?**

The court can support the use of early intervention services to reduce the number of families entering the child protection system. The court should not experience any increase in activity as a result of alternative response.

### **48. What would be the court's role in AR?**

The court can support the implementation of alternative response. It is not expected that the court will see many families receiving family assessment services.

### **49. What happens if you screen to AR and the case needs court intervention?**

The local agency will work with their local legal resources to develop a petition to the court.

### **50. How does AR affect court operations, such as docket time & personnel?**

There is not likely to be any impact on the court during the first years of implementing alternative response. Some counties have reported a reduction in the use of court following a number of years of service implementation.

### **51. How does AR affect courts that later go to court?**

Cases that have AR do not usually go to court. When they do it is usually due to new information or activity that requires the leverage of the court in order to insure child safety.

### **52. Will there be a desk book/handbook so that the court can understand?**

Support materials for the project will be determined by the design team.



## COMMUNITY

### **53. What is Minnesota's experience regarding orienting community partners to the concepts of AR?**

General information meetings were held with community partners to explain the changes in the child protection response. The research on AR in Minnesota indicates most community representatives increased their support of AR over time.

### **54. How has this affected the community's perception of CPS?**

The community perception of child protection usually becomes increasingly positive as community members gain experience with alternative response. The evaluation will track changes in the perceptions and attitudes of community stakeholders during the course of the pilot project. Community perceptions grew more positive in both Minnesota and Missouri as the program became better known.



## **FISCAL ISSUES**

### **55.How much is this going to cost a county?**

The local cost of AR is dependent on the design of services at the local level and the amount of redirected resources an agency uses. The selected sites will receive new revenue as part of the pilot.

### **56.What are the fiscal ramifications of becoming a pilot site?**

The local agency will receive new funds as a participant in the pilot. The agency may decide to reallocate local funds to strengthen the pilot efforts in implementing AR.

### **57.What money that will support this?**

Counties selected to participate will be reimbursed \$1,000 per family for post-assessment services with a cap of no more than 500 families included in this study. In addition to the targeted service dollars, each selected site can receive up to \$50,000 per year to allocate as needed to support other aspects of the design and implementation.

### **58.What were the upfront costs? Why was it more?**

Since these cases are reports which already have been accepted by the PCSA but now are handled through a different approach, additional costs are not particularly related to the assessment portion as much as to the provision of services, since more families are likely to engage and accept services. Currently, a substantive portion of investigative cases simply close with a disposition and no services; under AR a greater portion will receive services. The long term cost savings comes from decreased recidivism and, possibly, the change in the nature of services.

### **59.How do you front end dollars when costs are higher?**

This is a resource commitment that must be made at the agency level. Pilot project funds will be available to support post-assessment services and some associated pilot expenses.



## OUTCOMES

### **60. How is this going to improve CPS in *my* county?**

AR permits a better match between the initial risk and the available resources. The research demonstrates a number of positive findings that may be considered an improvement by local CPS staff. The Minnesota evaluation findings that documented lower re-reporting rates, greater family and social worker satisfaction, lower out of home placement rates and lower costs over time certainly would be considered improvements for most CPS agencies.

The evaluation will attempt to answer this question for the state as a whole and to the extent possible for individual counties. Improvement (or decline) will be measured along several different dimensions including organizational changes, workload, worker/supervisor attitudes, family attitudes, the frequency of returns of families to the system, later removals and placements of children, and costs.

### **61. How does AR assess child safety?**

As in all child protection practice, the assessment of child safety is an ongoing process by the social worker and community partners. AR will utilize the safety assessment and planning tool for families provided with family assessments. The evaluation will utilize its own instruments to determine safety changes during the period of initial contact with families.

### **62. What about recidivism? Will you see these families again?**

Certain percentage of families will return to child protection attention either due to a new report of concern or as a direct request from the service user asking for assistance. As noted earlier, Minnesota AR cases experienced a reduction in re-reporting of child maltreatment as compared to a matched control group receiving a traditional investigation. Recidivism certainly occurred in both Missouri and Minnesota. So, a certain proportion of families provided with AR indeed returned with new reports. If the pattern is the same in Ohio as in those two states, recidivism will occur less frequently for families provided with the new approach.

### **63. How will this help us achieve CPOE & federal standards?**

Findings from states that have instituted AR show improvement in a wide range of outcomes and measurements that mirror CFSR and CPOE indicators. A detailed description of findings from Missouri and Minnesota can be found on <http://www.iarstl.org>. Ohio expects to experience similar positive outcomes, and will closely monitor project progress through its evaluation process.



## **AR & OTHER INTERVENTIONS/ISSUES**

### **64.What is the feedback on wraparound services?**

Wraparound services are generally viewed as a way of working with parents or caretakers establishing a plan for working with a child with serious emotional disturbance. AR promotes collaborative practice which would support CPS and child mental health working in partnership.

### **65.How does this fit with mediation?**

The vast majority of AR cases does not require juvenile court intervention and therefore mediated court settlements rarely apply. When an AR case does require a juvenile court intervention, the collaborative nature of the intervention does lessen the likelihood of adversarial court proceedings.

### **66.Will being a Protect Ohio (Title IV-E Waiver) county affect our selection as a pilot site (either positively or negatively)?**

Participation in Protect Ohio will not be used as a criterion in selecting pilot counties.

### **67.How does this fit within the CFSR and outcomes?**

AR is compatible with the CFSR process. The outcomes of child safety, well-being and permanency are applicable for AR. In Minnesota's first CFSR, the federal reviewers identified AR as a promising practice.

### **68.How does this fit with the CHIPS proposal? My judge wants to know what new laws he has to learn.**

The AR Pilot Project and the CHIPS legislation are complementary but separate pieces of the subcommittee's work. The subcommittee continues its work to enact new statutory definitions of child abuse and neglect, ones that move to a "Child in Need of Protective Services" model. The enactment and implementation of this new language and practice is a lengthy process.

The AR Pilot Project is going forward under the timeframes designated in the RFP. In general families that receive a family assessment are highly unlikely to require the over sight of the court process.

### **69.How does this coordinate with CAPTA requirements?**

CAPTA requires that an individual alleged to have maltreated a child be informed about the allegations at the point of first contact. This responsibility to inform the subject of an allegation is applicable to AR. However, that information becomes less adversarial when the notice is combined with the information that a formal investigation will not be conducted, that the focus



of the intervention will be an assessment of child safety and, if indicated, the provision of services to assist the family in securing child safety.

**70. How is a switch in tracks not a CAPTA violation?**

Less than 5% of Minnesota track assignments are switched. Families are advised that the use of AR is dependent on sufficient cooperation to assess and assure the safety of their children. If that cooperation is lacking, the response will be switched to an investigation and all available means used to assess the report and assure the safety of the child.

**71. How is this not a violation of 4<sup>th</sup> and 14<sup>th</sup> amendment requirements?**

(See answer to question #69.) CAPTA requires notice to the alleged perpetrator of child maltreatment but does not prescribe the response path. We believe it is possible to craft a response protocol that attends to engagement but still meets the CAPTA requirements about due process and the right to be informed about what is being alleged.

**72. What are the overlaps/similarities between AR and Annie E. Casey Family Foundation’s Family to Family?**

The Annie E. Casey Foundation Family to Family initiative focuses on making foster care arrangements available in the child’s own community. AR is a child protection response used in cases where there is a very low risk of child removal and placement in foster care. Both approaches, however, seek to work more collaboratively with families.

**73. How can mental health collaborate and be a part of the project?**

Forming a working relationship between child protection, the family and child mental health services is an important factor in both safeguarding children and in meeting any mental health service needs. Each local pilot may want to consider ways to insure collaborative professional practice.

**74. How will this work with our school liaison program?**

Some Minnesota and Missouri counties used child welfare social workers placed in school programs to respond to child maltreatment reports in the schools they served.

**75. How do you convince the other stakeholders that this is the right way to go, that this works?**

Stakeholders must be thoroughly briefed on the AR response protocol and the results obtained in states where it has been used. This along with frequent discussion of problem cases creates an environment of shared purpose and support.



## **MINNESOTA AR**

### **76.What was Minnesota’s success in low-resource counties?**

The success of AR in Minnesota was not dependent on the richness of resources in the pilot counties but rather on the capacity of the county to engage the family in securing safety for the child. In counties with few community-based resources, the county AR social worker had greater responsibility for securing the needed resources. Minnesota also provided funding for pilot counties to provide services. As is noted in the Minnesota AR evaluation, the provision of basic needs (food, clothing, shelter, utilities etc.) was often an important first step, or only step, in improving the lives of families. The outcome evaluation in Minnesota was statewide and was not designed to determine success or lack of success (experimentally) in small rural counties. However, workers and community stakeholders and families in very rural counties regarded AR positively.

### **77.Did you as a state (Minnesota) change any of your CPS rules to accommodate AR?**

Temporary legislation, waiving the requirement for an investigation, was passed in authorizing the implementation of alternative response. That legislation has now been made permanent. The Minnesota CPS requirement to audio tape interviews with possible perpetrators was suspended for AR assessments.

### **78.Did all of Minnesota’s caseworkers get the training or just AR workers?**

Specific training was provided to those social workers most involved in providing family assessments. However, the state and many counties provided access to training for all social workers as a way to strengthen practice across child protection. Ohio is encouraged to include all of their child welfare social workers in training concerning the AR intervention protocol and in collaborative and strength-based interventions. One of the lessons learned in Minnesota is that collaborative engagement of parents and the use of strength based interventions is applicable across all responses.

### **79.Did you survey stakeholders in your Minnesota Evaluation?**

Yes, families, their social workers and community stakeholders were all surveyed at the beginning and at the end of the pilot project to determine changes in perceptions and attitudes. The results of those surveys are included in the final evaluation report and indicated significant satisfaction with the approach.

### **80.What role did the union play in Minnesota? Was there a problem with reassigning staff to these new functions/duties?**



There were no reported challenges in working with employee unions. Most counties asked for and received sufficient staff volunteers so that few social workers were compelled to change their function.

**81. I was wondering if you know if their State wrote an interpretation of CAPTA and if they did, how could we get a copy of it?**

Minnesota did not write an interpretation of CAPTA but did include in governing statute the requirement to notify alleged perpetrators of child maltreatment of the allegations being assessed.

**82. What percentage of your reports goes to AR and what percentage is investigated?**

In 2006, 55% of reports went to the family assessment pathway, and 45% were investigated. The percentage of reports receiving a family assessment has gradually increased as screening mechanisms and county experience with this approach increases. However, in both Missouri and Minnesota, the percentage of families assigned to AR versus investigations varied greatly from county to county. Generally, the more experience counties gained with the new approach, the higher the proportion of families assigned to the AR track.

**83. How have you avoided confusion when changing tracks?**

The number of cases that result in a track change is relatively small – less than 4%. Any family confusion due to a change in CPS response may be reduced or eliminated when the social worker is direct and clear about the need for the change. Further, confusion can be further reduced if there is an in-person transfer between workers with family members present.

**84. How did your services change?**

Over time there is an increase in practical hard services and an increase in informal supports being identified to meet ongoing family needs.

**85. You talk about the RED team; do we have to implement the team decision-making to implement AR?**

The local pilot will design the process for selecting a response to an accepted report of child maltreatment. There is no requirement to institute a team process for decision making.

**86. Do all Domestic Violence cases go to Assessment?**

The local pilot will design the process for selecting a response to an accepted report of child maltreatment. Cases in which a child is exposed to domestic violence may be appropriate for a family assessment response. Cases in which a child has been physically injured, weapons are



present or significant safety concerns are present may be appropriate for an investigative response.

**87.What kind of service contract changes did you make?**

The local pilot design may consider current and future contract relationships with community agencies. Working in a collaborative process with community partners can build capacity in the community for addressing issues confronting families with children at risk. In some program designs community agencies provide both family assessments and ongoing services.

**88.Did you change staffing initially?**

The local pilot design will consider the allocation of social work resources to meet the changes in practice. Best practice suggests that child protection workers be allowed to choose which pathway to implement whenever feasible.

**89.Did you have another challenging event going on at the same time in Minnesota? How did you balance your priorities and amount of change?**

Yes. During the implementation of alternative response Minnesota was also implementing a statewide computer system, structured decision making, concurrent permanency planning, and new ASFA time lines for permanency. Perseverance, patience and an interest in fashioning an improved child protection response kept most counties on a positive course.

**90.What were the legislatively-related issues Minnesota encountered in getting this running statewide?**

The Minnesota pilots allowed counties to volunteer to participate in the alternative response initiative. Many counties sought and received permission to implement AR without any new or additional funding. At the point that the legislature required state wide implementation, the research from the field supported the change, counties supported the change and there was no opposition to the state wide requirement.



## **PROPOSED OHIO AR**

### **91. Is Ohio's AR system already developed?**

In its proposal, the AIM team established 8 core elements of an AR system, along with 3 other elements that have been implemented in Minnesota. These core elements would serve as the AIM team's foundational recommendations. However, the AIM team has structured this project to ensure significant voice and leadership from State level officials and pilot counties, as well as other stakeholders. Through the Design Workgroup, facilitated by the AIM team, Ohio stakeholders will be designing Ohio's alternative response approach.

### **92. We do not screen out any call; we want to respond to all calls. Will we be permitted to do so with AR?**

Local communities will continue to have autonomy in administering services within the rules of ODJFS.

### **93. What are the different tracks for Ohio's system and how is assignment determined?**

The use of two or more discrete responses of intervention, typically identified as the family assessment track/pathway and the investigation track/pathway. In Ohio, there would be two pathways for responding to reports that meet Ohio's statutory definition of child maltreatment including an investigative path for reports of substantial child endangerment and a family assessment path for all other reports. The determination of the response assignment by the presence of imminent danger of serious harm, level of risk, the number of previous reports, the source of the report, and/or presenting case characteristics, such as type of alleged maltreatment and age of the alleged victim. Typically, accepted reports categorized as low- or moderate-risk are assigned to the non-investigation assessment response.

### **94. Is there a hybrid that Ohio can use?**

Given the similar child welfare structure to Minnesota (state-supervised, county-administered), Ohio's alternative response system will use the Minnesota approach as a framework to build its own approach to alternative response. The AIM team believes this is an essential component to success in Ohio as it will foster leadership at the State and county levels and ownership.

### **95. How do we (state/district) play a meaningful role in making AR work?**

The implementation of AR is a collaborative process between the counties and the state agency.

### **96. Our county is divided into nine (9) geographical areas, could we pilot Alternative Response only in one or two of the geographical areas?**



There is no objection to segmenting your county as you deem most appropriate. What is significant is the rationale behind the selected target population and the ability to meet the requisites of the application with the identified population of families.

**97. Is this a package deal, where you must take all components of AR in a package to be successful? How will that work with our system?**

Question 1 listed the eight core elements of AR that will guide the development of Ohio's AR Pilot Project. Although pilots will have latitude to implement AR in a manner that is most responsive to local factors such as agency structure, community need, and available resources, fidelity to the essence of the model is critical to ensuring child safety.

**98. Does this require a consistent screening process statewide?**

The AR Pilot Project is not dependent upon the development of a uniform statewide screening process. Case screening is likely to be an issue considered by the Design Workgroup.

**99. What is the continuity of the project after the grant?**

Although the future of this work cannot be guaranteed, there is a goal of sustainability that will be monitored by the project consultants. Pilot counties are expected to engage in activities that will promote this goal including the re-allocation of existing funds to support the provision of services to those who family assessments.

**100. How does AR get supported by the system? (meaning how do you expect something like this to work within what we have?)**

The Design Workgroup is charged with developing a model that will work well with a variety of resources available to Ohio's PCSAs.

**101. Will this work in Ohio?**

That is the question that the evaluation will be designed to answer. It is not a foregone conclusion that AR will work in Ohio just because it has worked in other states. A strong outcome and process evaluation can answer this question definitively. The best comparison to the Ohio system (state supervised and county administered) is Minnesota where the evaluation results have shown significant benefits.



## EVALUATION

### **102. Did your evaluations take into account the variation in resources and separate outcome results from results of services?**

The Minnesota evaluation obtained service information from families and from workers on samples of experimental and control cases. This information was utilized in outcome analyses to determine whether the new approach (non-adversarial and voluntary) or increases in certain types of services or both were responsible for changes in outcomes. We hope to replicate and expand this approach in Ohio.

### **103. What is the level of research that supports this concept?**

The two large longitudinal and experimental studies in Missouri and Minnesota supported the conclusion that AR can bring positive results for families and for systems. This research focused on a wide variety of process and outcome variables for families, workers, office organization, and community stakeholders. Research in other states has also supported findings of improved attitudes of workers and families after AR was introduced.

### **104. Describe the evaluation criteria, measurements and the groups that you will compare?**

The evaluation as currently designed will examine changes in child safety; perceptions and attitudes of workers, families and stakeholders; subsequent contacts with CPS (later reports and child removals), costs of cases, ease of implementation, organizational changes, and several other relevant areas. It is possible to be successful in one area but not in another. However, the expectation is that positive changes (if they occur) in these areas will be mutually reinforcing. The study in Ohio is designed to be a true field experiment. At the case level, this will permit families offered the new approach to be compared with similar families provided with the traditional CPS approach. Workers, supervisors, stakeholders, office organizations and courts will be compared before and after within the pilot counties.

### **105. What's the long term impact on those states that have done this?**

Long-term impact studies have only been conducted in Missouri and Minnesota (to our knowledge). The positive outcomes found early in these states persisted in long-term analyses—after five years in Missouri and after an average of 3.6 years per family in Minnesota. There were mixed findings in both states regarding the effectiveness of implementation of the approach beyond the original pilot counties to a statewide program.

