

THE IMPLEMENTATION OF DIFFERENTIAL RESPONSE IN CPS: IDENTIFYING AND EXPLORING THE INTENDED AND UNINTENDED CONSEQUENCES

2nd National Child Welfare Evaluation Summit
August 30, 2011



QIC-DR PURPOSE

- Improve child welfare outcomes by implementing DR, and build cutting edge, innovative, and replicable knowledge about DR
- Enhance capacity at local level to improve outcomes for children and families identified for suspected abuse or neglect
- Provide guidance on best practices in differential response

QIC-DR PHASES

Phase I (October 2008 – September 2009)

- Knowledge developed
- QIC products created
- Dissertation awards announced
- RFP for R&D sites announced



Phase II (October 2009 – September 2013)

- Three Research and Demonstration sites (Colorado, Illinois and Ohio) funded and supported through training, technical assistance and guidance
- Support up to 4 dissertations (three currently funded)
- Process, outcome, and impact evaluation of R&D sites
- Cross-site evaluation
- QIC products created and widely disseminated
- QIC webinars

QIC-DR RESEARCH QUESTIONS

Safety

- *Are children whose families participate in the non-investigation pathway as safe as or safer than children whose families participate in the investigation pathway?*

DR Approach

- *How is the non-investigation pathway different from the investigation pathway in terms of family engagement, caseworker practice and services provided?*

Cost

- *What are the cost and funding implications to the child protection agency of the implementation and maintenance of a Differential Response approach?*

CORE ELEMENTS OF DR (FROM AHA-CWLA 2006 SURVEY)

- DR are screened in cases
- Assignment to DR/IR based on several factors
- Assignment can be changed (minimally from DR to IR)
- Families can choose to refuse DR
- Family can choose to accept or not accept services
- DR and IR are in statute or policy
- Formal assessment of maltreatment allegation not made
- Includes engaging the family (not identified as a core element in 2006)

SOME INTENDED PROGRAMMATIC CHARACTERISTICS COMPARED TO IR

- Are the caseloads smaller than IR caseloads?
- Is there a comprehensive service needs assessment of the family system?
- Is the service delivery period longer (more than 30+ days)?

SOME INTENDED INTERMEDIARY AND LONG TERM OUTCOMES

- Are more services available to meet each family's specific needs?
- Do families receiving DR show equal or lower rates of re-reporting compared to families receiving IR?



SOME UNINTENDED CASE PROCESSING CONSEQUENCES

- Will having a DR pathway impact screening rates? Will the agency screen out fewer cases or will it screen out more cases because of the availability of community services?
- Will the numbers and rates of child victims of maltreatment decrease and how will this impact the agency, the community, and the public's perception of child maltreatment as a social issue?

SOME UNINTENDED WORKFORCE CONSEQUENCES

- Will workers carry mixed cases? (Both DR and IR)
- Will DR workers be treated differently from IR workers? (qualifications, skills, salaries)
- Is the job of IR equivalent or different from the job of DR?



SOME OTHER UNINTENDED CONSEQUENCES

- Will low risk families receive more supportive and poverty-related services than high risk families?
- If low risk families are no longer receiving IR, should all perpetrators of “low risk maltreatment” be removed from the existing registries? How could this be done?

SMALL GROUP GUIDANCE

1. **Divide into three equivalent-sized groups**
 - Group 1: Programmatic Characteristics of DR
 - Group 2: Intended Consequences
 - Group 3: Unintended Consequences
2. **Appoint a recorder**
3. **Review lists of questions posed for each group**
4. **Brainstorm other items for the lists**
5. **Choose 2-3 questions for discussion**

We will reconvene as one group at about 4:45 to report out and hold a group discussion.

CONTACT INFORMATION

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