# Wisconsin Alternative Response Evaluation

# Interim Report

Submitted to
The Wisconsin Department of Children and Families

July 2019


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## Acknowledgements

This evaluation would not be possible without the contributions of individuals and organizations across the state committed to supporting the safety, permanency, and well-being of Wisconsin's children and families.

In particular, the evaluation team would like to thank our partners at Wisconsin's Department of Children and Families who helped guide this work, and who created opportunities for dialogue and learning throughout the process. We are also thankful for the participation of staff at county CPS agencies who contributed their time and expertise to the evaluation. Finally, we are indebted to the caregivers who participated in the Family Survey and whose voices help us understand the experiences of all families served in CPS agencies.

# Executive Summary

In 2010, the Wisconsin State Legislature approved a pilot initiative to implement the Alternative Response Pathway (AR) in county child protective service (CPS) agencies in Wisconsin. The implementation of AR in Wisconsin has been primarily focused on creating flexibility during the Initial Assessment (IA) of eligible CPS cases while preserving standards required to keep children safe. As depicted in *Figure 1*, AR implementation resulted in the following changes: (1) all screened-out cases are referred to services; (2) after screening an Access report, cases are assigned to either a traditional or alternative response (i.e., TR or AR pathway); (3) IA workers call families in the AR pathway to schedule an initial face-to-face visit and this visit, when possible, includes all family members; and (4) at the conclusion of the IA, cases in the AR pathway result in a "services needed" decision, not a "substantiation" decision. Regardless of pathway, all IAs conclude with a safety assessment and may, if needed, move onto ongoing case management. Cases may switch pathways at any point following a discussion between a worker and supervisor.

Between 2010 and 2016, the Wisconsin Department of Children and Families (DCF) piloted the implementation of the AR pathway in 22 county CPS agencies. Counties were selected through a competitive application process. In 2016, DCF contracted with the Institute for Child and Family Well-Being at the University of Wisconsin-Milwaukee to conduct an evaluation of the pilot. The two-year evaluation includes process and outcome components. This interim report summarizes the results from the process evaluation that took place between 2016 and 2017. The Outcome Evaluation presents outcome findings using data through 2018. *Appendix A* presents the timeline for major evaluation activities and milestones.

The results presented in the interim report synthesize information across a variety of qualitative and quantitative data collected between October 2016 and September 2017. The findings in this report are organized into five sections: (1) Description of AR pilot counties; (2) Fidelity to Wisconsin AR policies; (3) Provision of community services during IA; (4) Implementation priorities and activities; and (5) Implementation support. We provide highlights from each of the sections below.

## Highlights

### DESCRIPTION OF AR PILOT COUNTIES

This section presents a cross-sectional comparison between AR and non-AR counties in Wisconsin in terms of general population characteristics and CPS IA indicators. In addition, national data is included for reference.

- Based on 2016 data, the population in AR and non-AR counties (excluding Milwaukee County) are similar in terms of race and ethnicity, although non-AR counties are more rural and have significantly lower poverty rates.

- Compared to non-AR counties, AR counties have significantly more CPS reports, relative to the county population, as well as significantly higher substantiation rates among cases in the TR pathway. The overall rate of child victims in the population, however, was not significantly different in AR and non-AR counties. This finding suggests that, although decision-making in CPS systems may be influenced by AR implementation, the identification of victims and alleged maltreaters is carried out to a similar degree in AR and non-AR counties. The outcome evaluation will further examine the extent to which the launch of AR changed decision-making in CPS agencies.

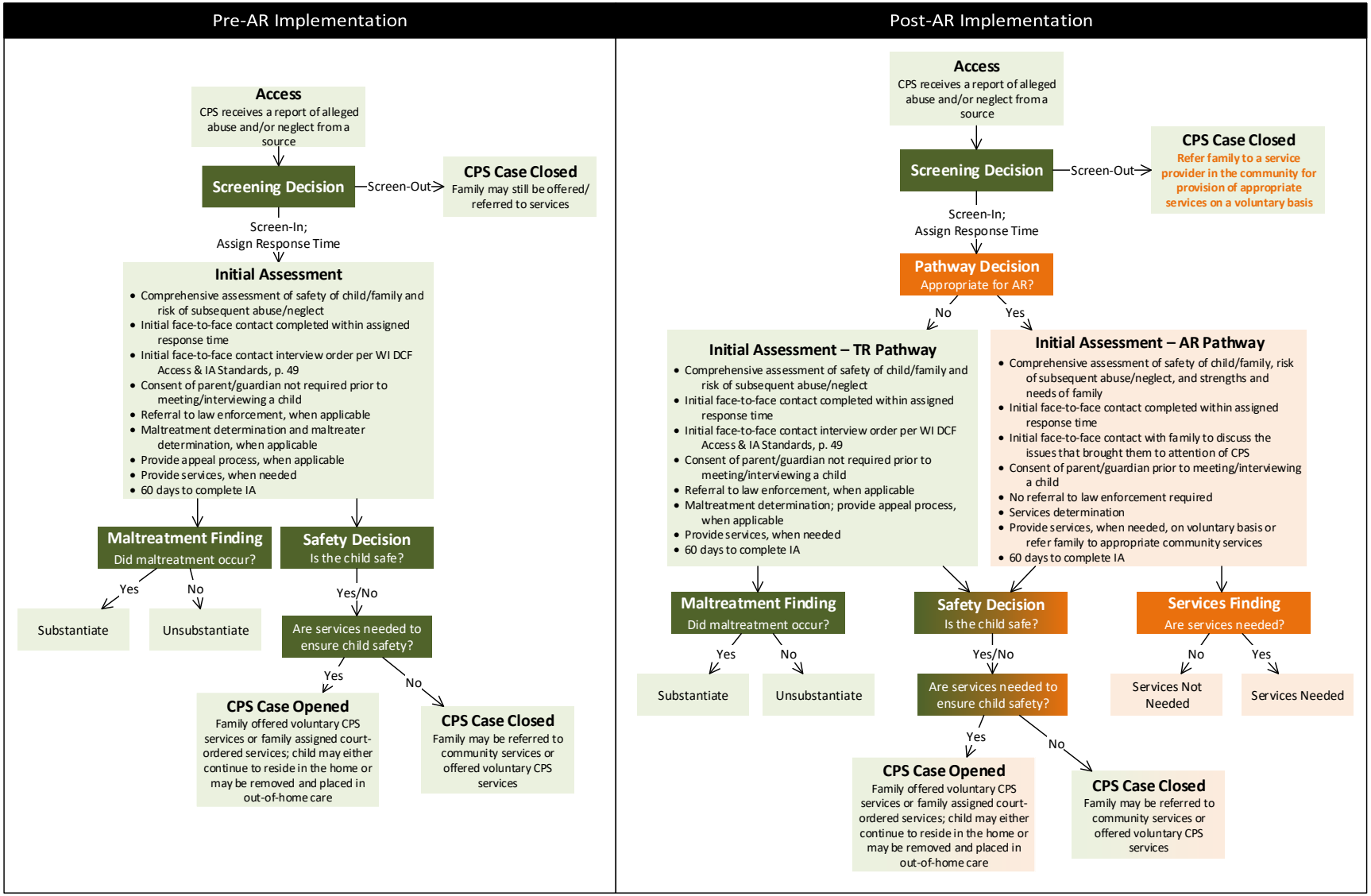


Figure 1: CPS decision making

- Over 14% of cases initially screened-in and assigned to the TR pathway were reassigned to the AR pathway. A significantly lower percentage (10%) of cases assigned to the AR pathway were reassigned to the TR pathway. Of cases that closed in the AR pathway, those that switched from the TR pathway were three-and-a-half times more likely to close with a determination of "services needed" than cases assigned to AR pathway that did not switch. This finding suggests that cases that change from the TR to AR pathway may initially present with more safety concerns than other cases originally assigned to the AR pathway. The Outcome Evaluation Report provides more information on the case and family characteristics that predict pathway reassignment.

### FIDELITY TO WISCONSIN AR POLICIES

This section explores the extent to which AR counties implement AR with fidelity. Fidelity is defined as practices that align with state AR policy, per the policy addendum to the 2010 DCF Child Protective Services Access and IA Standards. Results are organized by three domains of AR fidelity: (1) pathway assignments; (2) safety assessment; and (3) determination decisions and further involvement of CPS.

**Pathway assignments**

- During interviews and focus groups, county CPS staff consistently reported that child safety and family risk and protective factors were the major criteria used to determine pathway assignment, which aligns with state policy.

- Staff differed in their interpretation of state policy in terms of whether all cases with law enforcement involvement must be assigned to and remain in the TR pathway. IA workers in several counties also disagreed with the state policy to restrict all methamphetamine cases to the TR pathway, indicating that some of these cases would benefit from an AR approach.

- The proportion of cases assigned to the AR pathway varied widely across counties, ranging from 12% to 65% of cases initially assigned to the AR pathway. Qualitative data supports this finding: Staff in some counties reported that they try to ask, "Why not AR?" when screening every case at Access; while staff in other counties observed that their supervisors tend to "default" to the TR pathway. Further analysis of pathway assignment using a larger sample is presented in the Outcome Evaluation Report.

**Safety assessments**

- Cases assigned to the AR and TR pathways follow the same safety requirements outlined in Wisconsin's Safety Standards. Most (89%) of staff who were employed prior to the launch of AR reported that its implementation either improved or did not change their ability to assess and address child safety concerns.

- AR policy guidelines state that IA workers should make every effort to initiate contact with a parent—usually through a telephone call—to explain CPS's role and reason for a meeting. The worker should then coordinate a face-to-face meeting with the family to discuss the report. IA staff noted that it was often difficult to initiate these meetings within the required response time,[1] even for cooperative families.

[1] Response times are the expected time frames in which a worker will have initial face-to-face contact with the alleged child victim and/or parents and will further assess threats to a child's safety. There are three options for response time: same day, 24-48 hours, and within 5 business days. *Same day* response time is assigned when a Present Danger Threat is

- IA workers also raised concerns about conducting family meetings in cases where domestic violence or physical abuse are the identified safety concerns. Staff requested more training and resources to conduct assessments and gather information in a way that would not put adult or child victims at further risk.

**Determination decisions and further CPS involvement**

- A consistent theme reported by staff in most AR counties was that the agency's Ongoing unit should have been more involved in AR training from the beginning. Staff explained that having the Ongoing unit engaged in AR planning and initial training would establish a shared philosophy and common language used by all staff.

- During interviews and focus groups, CPS staff expressed that making a substantiation determination in cases assigned to the TR pathway did not improve child safety. Instead, staff described how the primary functions of a substantiation determination are to document a maltreater to prevent future access to children and to strengthen the case in court for services and ongoing CPS involvement.

### SERVICES DURING IA

This section assesses whether AR implementation improved the referral and access to services for children and families.

- Nearly every county reported major shortages in the availability of services for adult and child mental health and substance abuse. Initial findings suggest that the implementation of AR has not resulted in improved services or access to services.

- Most staff report that AR's emphasis on engagement led to improved family cooperation and follow-through with service plans. Specifically, results from the staff survey indicate that 73% of staff in AR counties perceived that family cooperation with CPS has gotten better or significantly better since the launch of AR. Moreover, 64% of respondents from AR counties reported that family engagement in case plans and goals has gotten better or significantly better since the implementation of AR.

- Data on service referral and receipt are not currently available in statewide administrative data and so the evaluation was restricted to measure and report on staff perception of service access and uptake. The Outcome Evaluation Report includes information on family perception of service need, referrals, and uptake.

### IMPLEMENTATION PRIORITIES AND ACTIVITIES

An assessment adapted from Armstrong et al. (2014) was used to assess the extent to which pilot agencies focused on certain implementation tasks, and whether agency priorities shifted over time. The assessment was completed in a group setting by agency staff in January 2017 and January 2018. Staff rated the extent to which their agency prioritized and actively worked on 11 implementation components.[2]

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identified at the point of Access. *24-48 hour response* time is assigned when a Possible or Likely Impending Danger Threat is identified at the point of Access. *Within 5 business days* response time is assigned when a case has no identified Present or Possible or Likely Impending Danger Threats at the point of Access.

[2] The 11 implementation components are: (1) Facilitative administration; (2) Leadership; (3) Training; (4) Cultural responsiveness; (5) Shared vision, values, and mission; (6) Performance assessment; (7) Systems intervention; (8) Data system supports decision making; (9) Supervision and staff support; (10) Stakeholder engagement and community partnership; and (11) Staff selection. See Appendix B for the full tool and definition of components. Six counties that began AR implementation in 2015 or 2016 participated in the implementation assessment.

- Out of 11 implementation components, cultural responsiveness, and staff training were ranked as the highest priorities in both 2017 and 2018 assessments.

- In 2017, AR pilot counties were actively working towards (1) integration of AR into administrative functioning and (2) leadership buy-in. By 2018, these counties reported also actively working in the areas of (3) cultural responsiveness, (4) training, (5) stakeholder partnership, and (6) staff selection.

### IMPLEMENTATION SUPPORT

The process evaluation also assessed the support and preparation provided to CPS county agencies by DCF and its training and technical assistance providers during the application and early implementation phase.

- Staff in AR pilot counties found the AR application process, including the readiness assessment, to be a helpful approach to pilot county selection.

- Staff found it helpful to be trained in Supervising Safety, Trauma-Informed Care, and Motivational Interviewing prior to or during AR implementation.

- The specific strategies and tools shared during the Partners in Change (PIC) trainings were helpful in cases assigned to both the AR and TR pathways. Respondents also noted that site visits by the Blue Spiral consultants helped to apply the AR approach to a variety of cases.

- Staff in most counties suggested that PIC trainings could be enhanced by including a deeper discussion of specific information about how AR impacts CPS decision-making in Wisconsin.

- Community partners such as professionals in law enforcement, the judicial system, and non-profit organizations had a positive view of CPS staff in pilot counties, in that three-quarters responded that CPS staff get back to them quickly when contacted and 91% indicated that CPS staff are professional in their communication.

- Although later AR pilot counties hosted a community meeting at the beginning of implementation, only a little more than half (54%) of the community partners surveyed had participated in the meeting. Survey and qualitative results indicate a need for ongoing training and communication about AR with community partners.

# Introduction

In 2010 the Wisconsin Department of Children and Families (DCF) launched a pilot implementation of the AR pathway in four county CPS agencies (see *Figure 2*). Over the course of six years, DCF initiated the AR pathway in 22 counties in five pilot phases (Phase I-V counties).

The purpose of the evaluation is to assess fidelity to the implementation of the AR pathway in pilot counties and to provide findings about implementation and outcomes that inform future policy decisions. The evaluation design included a process evaluation that focused on implementation in Phase IV and V pilot counties and an outcome evaluation that focuses on assignment and reassignment, child safety, family engagement, and service referral and uptake.

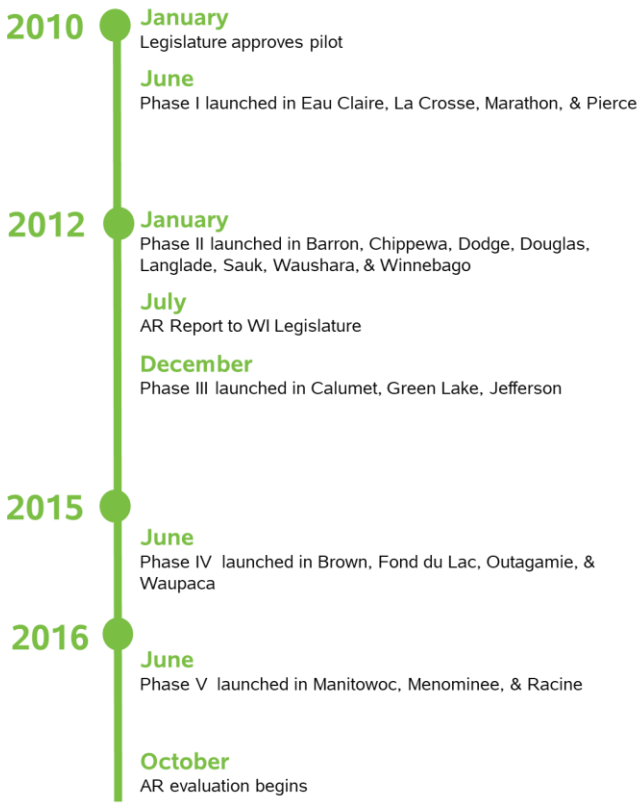
This interim report presents findings from the process evaluation. Specifically, the process evaluation describes changes in implementation over time, as well as variation among counties involved in the Phase IV and V pilots.[3] It also examines how caseworkers, agency management, and community stakeholders perceive the AR implementation process.

## Data and Methods

The data collection and analyses for the results are discussed below.

**Description of AR pilot counties.** Demographic and CPS indicators from AR counties were compared to non-AR counties in Wisconsin, as well as, to U.S. data. These cross-sectional analyses use t-tests to identify significant differences between groups.

Figure 2: Timeline of AR Implementation in Wisconsin




Three data sources were merged for these analyses:

*eWiSACWIS*. Wisconsin CPS data are from the State Administered Child Welfare Information System (eWiSACWIS). Most of these administrative data are from a summary report, the 2016 Wisconsin Child Abuse and Neglect Report (DCF, 2016). Beginning in July 2017, the evaluation team also received monthly exports from eWiSACWIS that included information about screened-out referrals and completed IA.

*Child Maltreatment 2016*. Compiled by the United States Department of Health and Human Services (HHS), this report synthesizes annual data from U.S. states and territories about the front end of the child welfare system.

*U.S. Census*. We used county and national census data from the American Community Survey 2016 Five-Year Estimates (U.S. Census, 2017). Data included indicators about poverty, race and ethnicity, total population, total child population, and rurality.

[3] Menominee County, a Phase V county, is not included in this evaluation.

Interpretations of quantitative descriptive findings should be informed by the following caveats: First, the findings in this section aggregate data for all AR and non-AR counties. There is a great deal of variation by counties that is not captured in this analysis. Moreover, AR was implemented in five phases from 2010 to 2016, and the cross-sectional approach used in the interim report does not explore whether the influence of AR on CPS decision-making may change over time. Therefore, the CPS data presented in this report should be used for descriptive purposes only. The forthcoming outcome report will include multi-level and longitudinal analyses that better account for both county-level variation and change over time.

**Implementation priorities and activities.** The data for this section are derived from an implementation assessment, adapted from Armstrong et al. (2014). Staff from Phase IV and V pilot counties were asked to rate their progress in eleven implementation components, using two scales: the degree to which the component was important (the priority scale), and the degree to which it was operational (the installation scale). The components are described in the results section and the assessment is included in *Appendix B-1*. Each county conducted a baseline assessment in January of 2017 and a follow-up assessment one year later.

**AR fidelity, services, and implementation support**. The remaining findings from the process evaluation rely on two types of data: survey data and qualitative data.

In the summer of 2017, the evaluation team disseminated online surveys to CPS staff and community partners.

*CPS staff survey*. This survey was disseminated electronically to 1,850 Access, IA, and Ongoing workers and supervisors in all 72 Wisconsin counties. The overall response rate was 52% (N = 954). The response rate was higher in AR counties than in non-AR counties, most likely due to their ongoing participation in the larger evaluation (N = 256; 60%). The survey instrument is provided in *Appendix B-2*.

*Community partner survey*. This survey was sent to key representatives from law enforcement, the court system, schools, and other public and nonprofit agencies as identified by CPS personnel in AR counties. Out of the 271 community professionals in the recruitment sample, 154 (57%) completed the survey. Participants included representatives from law enforcement (N = 29), the court system (N = 11), the school system (N = 49), non-profit service providers (N = 34), and other agencies (N = 31). The survey instrument is provided in *Appendix B-3*.

Findings from the surveys should be viewed in light of potential selection effects. Specifically, CPS and community personnel who responded to the survey could be more engaged in their work than non-respondents. Despite this limitation, the surveys capture the diverse perspectives from a large sample of CPS and community professionals representing a variety of roles.

Qualitative data from Phase IV and V counties provide a deeper understanding of how AR implementation was carried out in each county and the extent to which it influenced CPS practice in county agencies. These data also offer county-specific context about other initiatives underway in CPS agencies as well as community strengths and challenges that may shape AR implementation. During the process evaluation, the evaluation team gathered and analyzed qualitative data through a document review and interviews and focus groups with CPS staff.

*Document review*. In January 2017, Phase IV and V AR counties provided the evaluation team with county-specific policy and practice documents. The materials were used to identify similarities and differences in AR practice across counties and to provide county-specific context for interpreting other qualitative and quantitative findings. The document review summary sheet is in *Appendix B-4*.

*Interviews and focus groups with staff*. During the first quarter of 2017, the evaluation team conducted site visits to Phase IV and V agencies. Seventy-six staff from six counties participated in either

interviews or focus groups, including 5 agency directors, 16 supervisors or managers, and 55 Access, IA, and Ongoing staff. From these interviews and focus groups, we gathered qualitative data about (a) factors that may have helped or hindered AR pathway adoption; (b) the extent to which having a two-path system supports the larger goals of safety, permanency, and well-being; and (c) if and how AR changes the level or quality of family engagement. Data analysis was an iterative process. All interviews and focus groups were audio taped. Team members also took comprehensive notes. These notes and recordings were reviewed by a team member who was present during the data gathering (i.e., primary team member). During the review, a primary team member clarified the notes and augmented the text with illustrative quotes from audio recordings. A secondary team member who did not participate in data gathering reviewed the notes and tapes to identify cross-county themes. The lead evaluator reviewed both the cross-county themes and full notes from each county. Occasionally, the team clarified points or verified information by referencing county documents or contacting county staff. The focus group protocol is in *Appendix B-5*.

# Results

## Description of AR pilot counties

*Table 1* presents demographic and CPS indicators from AR and non-AR counties, as well as from the general U.S. population. Because Milwaukee County is a disproportionately large, urban county in the non-AR sample, it is analyzed separately. Demographic information about CPS and Community professionals who completed online staff surveys can be found in *Appendix C*.

Table 1: Comparisons between AR and non-AR Wisconsin Counties

| | AR (21 WI counties) | Non-AR (49 WI counties) | Non-AR (Milwaukee Co.) | U.S. |
|---|---|---|---|---|
| County Population Characteristics | | | | |
| Total population[2] | 1,933,646 | 2,861,389 | 955,306 | 318,588,162 |
| % Rural[1] | 30.9 | 39.1* | 0.2* | 19.0* |
| % Child poverty[2] | 14.9 | 13.9* | 31.3* | 21.2* |
| Race[2] | | | | |
| % White | 88.1 | 88.1 | 52.7* | 62.0* |
| % African American | 2.2 | 2.2 | 26.1* | 13.3* |
| % American Indian | 0.8 | 0.8 | 0.5* | 1.3* |
| % Other | 4.0 | 4.0 | 6.4* | 6.3* |
| % Hispanic/Latina | 4.9 | 4.8 | 14.3* | 17.3 |
| CPS Population Characteristics | | | | |
| Total child population | 432,103 | 627,815 | 233,159 | 74,382,502 |
| Total # of CPS referrals[3] | 27,606 | 33,912 | 15,964 | 3,957,000 |
| CPS report rate per 1,000 children[3] | 63.8 | 54.0* | 38.4* | 53.2* |
| % of reports screened-in[3] | 31.5 | 31.8 | 43.9* | 58.2 |
| % substantiated reports[3, 4,6] | 20.3 | 14.6* | 6.4* | 20.8 |
| Victim rate per 1,000 children[3,5,] | 4.1 | 3.6 | 3.2 | 9.2 |

[1] Percent residents who reside in a rural area (2010 Rurality Area, US Census); [2]Data obtained from American Community Survey 2016 5-Year Estimates, race categories only include non-Hispanic; [3]WI data from 2016 eWiSACWIS report; US data from 2015 Child Maltreatment (US DHHS, 2017); [4] % Substantiated reports out of total screened-in TR allegations; [5] Victims are children with a substantiated allegation; [6] WI data are non-duplicated cases from eWiSACWIS report from AR counties July-November 2017; US data from 16 states implementing AR statewide in 2015. Tests for difference compare other populations to WI AR population. * $p < 0.01$

Compared to non-AR counties, AR counties have fewer residents living in rural areas (AR = 30.9%; non-AR = 39.1%) and have more children living below the federal poverty line (AR = 14.8%; non-AR = 13.9%). Excluding Milwaukee County, the racial and ethnic composition of AR and non-AR counties are similar, with over 80% of the population identifying as White, Non-Hispanic.

Data from administrative CPS records suggest differences in AR and non-AR counties in terms of CPS involvement. The Access report rates are higher in AR counties than in non-AR counties (63.8 and 54.0 children per 1,000 respectively), although the screened-in rates are not significantly different (AR = 31.5%; non-AR = 31.8%). Moreover, AR counties substantiate a significantly higher proportion of cases assigned to the TR pathway compared to cases in non-AR counties (20.3% and 14.6%, respectively). This large difference in substantiation may be due in part to diverting cases to the AR pathway that would otherwise not have been substantiated. Nevertheless, the proportion of children in AR counties who are victims of substantiated maltreatment is similar to the proportion of victims in non-AR counties (AR = 4.1 child victims per 1,000 children; non-AR = 3.6). Further exploration of patterns of CPS decision-making practices in AR and non-AR counties will be presented in the forthcoming outcome report.

> The proportion of children in the population who are victims of a substantiated maltreatment case in AR counties is similar to the proportion of victims in non-AR counties.

Table 2: Cases in the AR and TR pathways in pilot counties

| | TR pathway (N = 2210) | AR pathway (N = 1897) |
|---|---|---|
| % Initially assigned to pathway | 53.8% | 46.2% |
| Age | 7.1 | 6.9 |
| Female | 52.8% | 46.5%* |
| Race/Ethnicity | | |
| Non-Hispanic White | 60.6% | 63.2%* |
| Black/African American | 14.8% | 12.9% |
| Hispanic | 9.0% | 8.4% |
| American Indian | 6.3% | 4.2%* |
| Asian | 2.0% | 1.6% |
| Other/Unknown | 7.3% | 9.8%* |
| Allegation Type | | |
| Neglect | 52.4% | 66.3%* |
| Physical Abuse | 24.3% | 26.4% |
| Sexual Abuse | 21.2% | 2.7%* |
| Emotional Abuse | 1.3% | 3.4%* |
| Unborn Child Abuse | 0.8% | 1.2% |
| Switched to other pathway[1, 2] | 14.4%[1] | 9.6%[2] |
| In pathway at close of IA case | 49.9% | 50.1% |

Data are non-duplicated cases from eWiSACWIS exports from AR counties July-November 2017; * $p < 0.01$ comparing AR to Non-AR families. [1]Cases screened as TR switched to AR by the close of the IA; [2]Cases screened as AR switched to TR by the close of the IA

*Table 2* presents demographic and descriptive information about the families that are assigned to the AR and TR pathways in 21 AR counties. Over half (53.8%) of cases are initially screened into the TR pathway. Results indicate that girls made up a higher proportion of TR cases (52.8% female) and a lower proportion of cases in the AR pathway (46.5% female), relative to boys. The gender difference is most likely because 69% of the sexual abuse cases involve females and these allegations typically receive a traditional response.

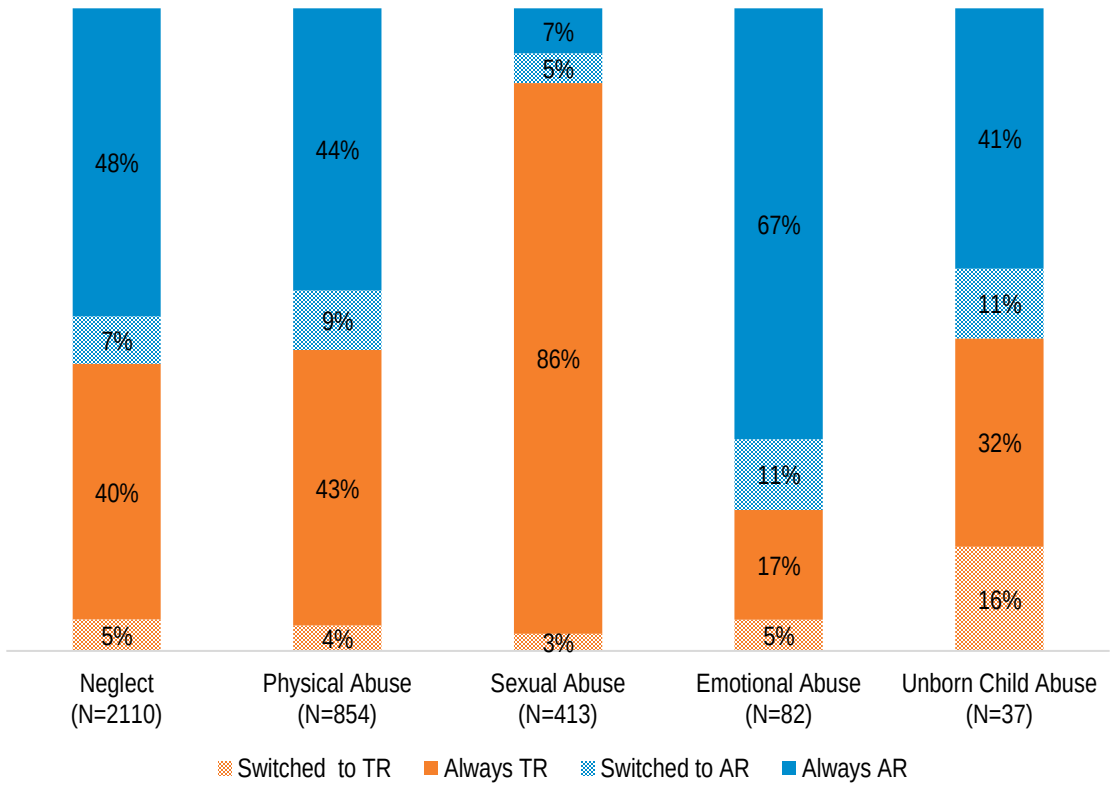
Compared to the TR pathway, cases assigned to the AR pathway include more White children (TR = 60.6%; AR = 63.2%) and less children who are American Indian (TR = 6.3%; AR = 4.2%) or of other or unknown race (TR = 7.3%; AR = 9.8%). The proportions of Black and Asian children are not significantly different between pathways. The Outcome Evaluation Report has additional information about assignment decisions and uses a larger sample. Additionally, the evaluation team conducted further analyses to explore racial differences in pathway assignment and reassignment. No specific case or family characteristic pronounced as an explanatory factor in racial differences. However, county-level analysis did suggest certain counties with

particularly disproportionate assignment and re-assignment rates by race may be driving the differences seen statewide.

In terms of allegation types, compared to cases in the TR pathway, cases in the AR pathway has significantly larger proportions of neglect allegations (TR = 52.4%; AR = 66.3%) and emotional abuse allegations (TR = 1.3%; AR = 3.4%), whereas sexual abuse allegations comprise a much higher proportion of cases in the TR pathway than AR pathway (TR = 21.2%; AR = 2.7%). AR and TR pathways do not significantly differ in their proportion of cases with unborn child abuse or physical abuse allegations. Finally, 14.4% of cases originally assigned to the TR pathway were reassigned to the AR pathway by the close of the IA. In contrast, only 9.6% of cases originally assigned to the AR pathway switched to the TR pathway. Thus, even though a little more than half of the cases were originally assigned to the TR pathway, due to reassignment, slightly more than half of IAs were designated as AR (50.1%) by IA closure.

Further analyses revealed that some allegation types are more likely to switch from the AR pathway to the TR pathway and vice versa. *Figure 3* shows that a significantly higher percentage of cases with allegations of neglect and physical abuse switch to the AR pathway from the TR pathway than to the TR pathway from the AR pathway (Neglect TR-to-AR = 7%, AR-to-TR = 5%, $p < 0.01$; Physical abuse TR-to-AR = 9% AR-to-TR = 4%, $p < 0.01$). In cases involving an allegation of sexual abuse, no significant difference existed between the percent of cases that switched to the AR pathway compared to cases that switched to the TR pathway ($p = 0.15$). Moreover, results indicate that pathway changes were less common overall in sexual abuse cases than in other cases (3% AR-to-TR; 5% TR-to-AR).

Figure 3: Pathway Designation and Changes By Allegation



In the AR pathway, IAs ends with a decision that services are either needed or not needed. Compared to cases that were always in the AR pathway, cases that switched from the TR pathway to the AR pathway were over three-and-a-half times more likely to have a services needed determination at the conclusion of the IA (OR = 3.56). For cases assigned to the TR pathway, at the completion of the IA a decision is made regarding the maltreatment allegation(s)—specifically if the maltreatment is substantiated or unsubstantiated. Compared to cases that were always assigned to the TR pathway, cases that switched from the AR pathway to the TR pathway were less likely to have a substantiated allegation (OR = 0.59). In sum, these findings suggest that cases that were reassigned from the TR pathway to the AR pathway may have higher service needs and, perhaps initially present with more safety concerns than other cases in the AR pathway. It is not clear from quantitative analyses why cases that switch from the AR pathway to the TR pathway have a lower chance of being substantiated than other cases in the TR pathway, but it may be indicative of an observation made by child welfare scholars and supported by comments made by Wisconsin CPS staff, that the decision to substantiate relies on evidence of the allegation of maltreatment on the current report did occur and does not fully represent safety concerns or service needs of the family (see Fluke, 2009). Pathway reassignment is also examined in the Outcome Evaluation Report. The outcome analysis uses a larger sample of cases from multiple years and a multivariate design to explore factors that may predict reassignment.

### Fidelity to Wisconsin AR policies

Although the differential or alternative response approach has been implemented in CPS agencies across the U.S. and internationally, the specific standards that define these programs and distinguish them from traditional CPS systems vary by jurisdiction. Therefore, an initial step in assessing fidelity to AR in the pilot counties in Wisconsin was to identify major AR practice standards, as defined in Wisconsin state policy. Through a review of state policy manuals and training materials, we selected three areas of AR policy to assess implementation fidelity in Phase IV and V counties: (1) pathway decisions, (2) safety outcomes, and (3) substantiation decisions and further involvement of CPS.

**Pathway decisions**. As a part of screening an Access report, the decision of whether a case should enter the AR or TR pathway is made by an Access worker and approved by a supervisor. The AR pathway is appropriate for cases that are generally less severe, but still meet the definition of child maltreatment. Multiple factors may go into the pathway decision, but policy requires that cases must be designated to the TR pathway if the allegation indicates serious risk or involvement with law enforcement or courts (DCF, 2010, p. 3). Examples of substantial abuse or neglect include all non-sibling sexual abuse cases, chronic neglect, and methamphetamine abuse by caregivers.

A consistent theme from county interviews was that the introduction of a new decision point—pathway assignment—contributed to larger discussions about the mission of CPS and how the philosophy of AR fits into agency decision making. One county administrator reflected:

> *"The biggest day-to-day change was that you have to stop to think—there is another potential option of AR. AR has prompted really good discussion where one supervisor might believe it should be screened in and another believes it should be screened out. AR has given us an opportunity to stop and talk about what we want to accomplish in CPS."*

Because AR adds an additional decision point at screening, administrators interviewed in two counties emphasized the importance of having sufficient supervision support for Access workers. In one county, Access and IA staffing were restructured to add a second supervisor for Access. Results from the staff survey indicated that nearly three-quarters (73.9%) of respondents from AR counties agreed or strongly

agreed that for the most part, their agency makes consistent choices about pathway assignments. Moreover, approximately 80% of respondents agreed or strongly agreed that their primary supervisor listens to them if they have a concern about pathway assignment.

Given that state policy excludes certain cases from being assigned to the AR pathway, an important fidelity metric is whether counties comply with this policy. Due to the way Wisconsin captures data in its automated system, many of the exceptions noted in state policy are not identified in eWiSACWIS records. For instance, methamphetamine abuse and chronic neglect are not used as allegation types or allegation descriptions in eWiSACWIS. Sexual abuse, however, is documented in administrative records as an allegation type. Analyses of eWiSACWIS victim records in AR counties revealed that 6.9% (N = 27) of non-sibling sexual abuse cases were initially assigned to the AR pathway. Of the 19 cases that closed during the sample timeframe, eight cases had switched to the TR pathway. Of the 11 cases that remained on the AR pathway, four included allegations of sexual abuse by biological parents to children 5-14 years of age. None of these four allegations were from Phase IV or V counties, indicating that in the majority of cases, county agencies comply with state policy that non-sibling sexual abuse cases must receive a traditional response.

Qualitative data, however, suggest that CPS staff in Phase IV and V counties desire greater clarity from DCF about pathway requirements in other types of cases. One major area of ambiguity is whether state policy requires all cases with law enforcement involvement to be assigned to and remain in the TR pathway (DCF, 2010, p. 3). This issue was most commonly cited in the context of drug-related cases. Some counties have interpreted the state guidance as a requirement that all cases with known law enforcement involvement should be in the TR pathway. Moreover, CPS staff commented that cases on the AR pathway cannot adhere to the Drug Endangered Child (DEC) protocol. In contrast, respondents in other counties noted that the AR pathway was often used successfully in drug abuse cases. In several counties, workers said that using an AR approach did not preclude the involvement of law enforcement, and that officers were often asked to accompany workers on the initial face-to-face visit for a drug case, regardless of pathway assignment. Workers explained that because using an AR approach can result in a better relationship with parents, parents may be more likely to discuss their substance use and be more receptive to treatment. When community stakeholders were asked whether they believed that cases with law enforcement involvement should always be addressed through a formal investigation, 60% of respondents (N = 129) agreed or strongly agreed. Notably, a smaller majority (52%) of respondents from law enforcement strongly agreed or agreed that a formal investigation was needed, compared to respondents from other types of agencies.

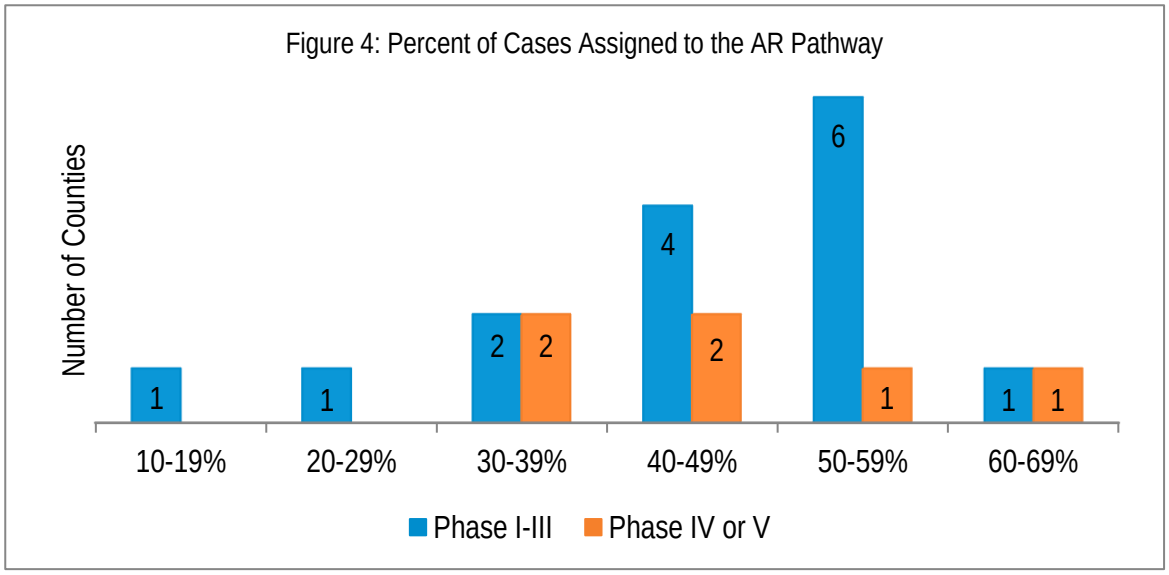
One major area of ambiguity is whether state policy requires all cases with law enforcement involvement to be assigned to and remain in the TR pathway.

During focus groups, CPS staff also expressed the desire to change the policy that requires methamphetamine cases to be screened in and assigned to the TR pathway—noting that these cases can sometimes be handled appropriately in the AR pathway. Respondents in one county explained that although methamphetamine cases were always initially assigned to the TR pathway, their supervisors would allow these cases to switch pathways if appropriate. Respondents consistently agreed that the TR pathway was appropriate for cases when drug dealing was involved, citing safety issues for staff and children, as well as the criminal nature of the case as important factors.

Aside from the exceptions stipulated in state policy described above, counties have discretion in making most pathway decisions. Because of this, the proportion of cases assigned to the AR pathway varies among counties from 12% to nearly 65%. In Phase IV and V counties, the proportion of IA that were assigned to the AR pathway ranged from 34.6% to 64.6% (see *Figure 4*).

Qualitative data analysis supported this finding, as participants suggested, that criteria for pathway decisions were weighted differently across pilot counties. For example, participants in two counties

reported that generally, their agencies try to take a "*Why not AR?*" approach, meaning that a case should be assigned to the AR pathway unless there was a good reason to assign it to the TR pathway. In contrast, workers in the agency with the lowest rate of AR pathway assignment among Phase IV and V counties reported that they perceived that supervisors "*defaulted*" to choosing the TR pathway.




Workers and administrators in one county reported that family cooperation could also influence pathway assignment. Specifically, cases in the AR pathway that have caregivers who present as uncooperative or noncompliant (e.g., refuse to sign releases, etc.), may be switched to the TR pathway. However, respondents in several other counties said family cooperation was not a criterion used to determine pathway assignment or reassignment in their agencies.

Another factor that could contribute to the variation in pathway assignment among Phase IV and V counties is that counties took different approaches to rolling out the implementation of AR. The majority of Phase IV and V counties began implementation by, as one administrator described it, "*throwing a switch*." That is, on a designated day, all IA workers started taking cases assigned to the AR pathway. In contrast, some counties took a more iterative approach to implementation. For instance, one county initially gave cases assigned to the AR pathway to a small number of AR-assigned staff. Another county only allowed IA workers who had attended the AR training to work on cases assigned to the AR pathway. Regardless of implementation approach, most administrators anticipated a gradual increase in the proportion of cases assigned to the AR pathway over time. For example, one administrator stated a goal of gradually increasing the AR pathway caseload until at least three-quarters of IAs were assigned to the AR pathway.

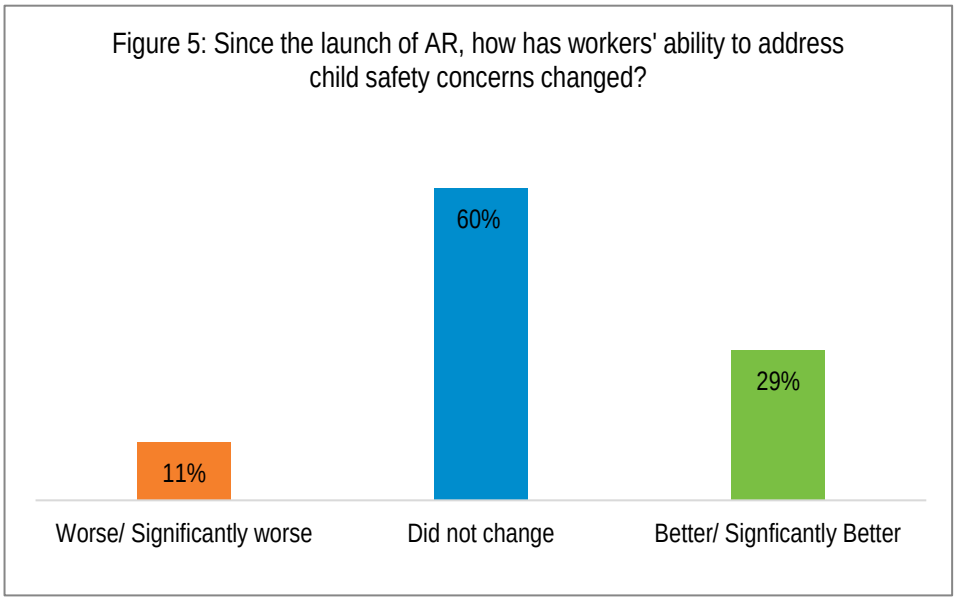
Child safety and family strengths and needs play a central role in decision-making during IA—this aligns to Wisconsin policy.

Although pathway decisions were made differently across pilot counties, respondents consistently identified family factors, such as the age of the child or whether the alleged maltreater resided with the alleged victim, as primary determinants of pathway decisions. Respondents in most counties mentioned prior CPS contact as a consideration for pathway assignment. These results suggest that child safety and family strengths and needs play a central role in decision-making during IA—this aligns with Wisconsin policy (DCF, 2010, p. 7).

**Safety assessments**. According to state policy, workers are required to conduct comprehensive assessments of child safety for all cases regardless of pathway assignment. Feedback during focus groups and interviews with staff at all levels in Phase IV and V counties suggests that counties are implementing this policy with fidelity. A common phrase we heard during site visits was "*AR is not CPS-light*."

Despite the common understanding expressed by staff that safety is paramount in both the AR and TR pathways, they also expressed some ambivalence as to whether an assessment in the AR pathway can offer the same degree of scrutiny of child safety as an assessment for a case in the TR pathway. As depicted in *Figure 5*, the staff survey asked IA workers who were employed prior to the launch of AR if its implementation affected their ability to address child safety concerns (N=45). Most respondents (89%) reported that AR improved or did not change their ability to address child safety. However, 11% of the sample felt like their ability to address safety concerns worsened with the implementation of AR. It is important to highlight that these are staff-reported perceptions of safety. Studies in other states indicate that safety outcomes, such as re-referral, are similar or slightly better for children in the AR pathway (e.g., Loman & Siegel, 2015; National Quality Improvement Center on Differential Response in CPS, 2014, QIC). The Outcome Evaluation Report has a more detailed analysis of safety using eWiSACWIS data. In sum, the results indicated that AR did not meaningfully influence safety outcomes—a finding well supported by findings from evaluations of alternative or differential response in other states.

Focus group respondents explained that the initial face-to-face contact policy associated with the AR pathway is challenging in certain cases. In all IAs, a worker is required to have initial face-to-face contact with the alleged child victim and/or parents within a certain timeframe. The timeframe for an initial face-to-face contact is based on the identification of Present and/or Impending Danger Threats in the Access report and ranges from same-day to no more than five days.




In cases assigned to the TR pathway, workers most often visit a child's school or house unannounced. In contrast, the policy addendum for AR states that CPS workers should make an effort to initiate contact with a parent first and then schedule a face-to-face meeting with all household members. Workers still must adhere to mandated response times for initial face-to-face contact, thus Wisconsin's policy allows workers to meet with the child alone in cases assigned to the AR pathway in order to comply with response time requirements. Two aspects of this policy seem particularly challenging regarding the AR

pathway: (1) complying with required response times; and (2) conducting meetings with victims and alleged maltreaters together.

> Staff identified two aspects of the initial face-to-face contact policy associated with the AR as particularly challenging:
>
> (1) Complying with required response times; and
>
> (2) Holding meetings with victims and alleged maltreaters together.

First, many workers said that it was often difficult to coordinate a face-to-face meeting with all household members within five days, even when parents were cooperative. Workers and supervisors alike reported that it was difficult to meet response times when contacting families first to schedule a time for initial visits. This seemed to be most difficult early in implementation, when staff reported they were still developing policies and practices to accommodate the new approach to family contact. Several workers explained that they have learned to clearly explain timelines to parents immediately. This way, if they have to speak with the children prior to meeting the entire family in order to adhere to response time requirements, the parents do not feel betrayed.

Second, many workers expressed concern that encouraging the alleged maltreater to join meetings alongside children and other household members may make victims less likely to disclose abuse and may increase the risk of retribution and future violence. Workers raised these concerns when describing cases involving either domestic violence or allegations of physical abuse. Several respondents asked for more training on how to conduct information gathering in a collaborative way while maintaining victim safety and ensuring maximum accuracy in disclosures. For instance, both supervisors and workers expressed the need for additional AR-specific tools to use in cases with physical injuries and domestic violence. During one focus group, a worker shared with her colleagues the language she used with families when she felt like she should speak with a child alone. Several participants commented that they may try a similar approach in the future.

> *"It may be easier for parents to open up to us through AR, but AR may make it harder to speak to children than in TR. It would be helpful to have more training on gathering information with all family members present."*

The challenge of addressing co-occurring child and adult household violence, however, is not necessarily unique to cases in the AR pathway or to Wisconsin. In the U.S., an estimated 14% of all families undergoing CPS investigations are simultaneously experiencing active domestic violence (Kohl, Edleson, English, & Barth, 2005). Although there have been some system reforms directed at improving the collaboration between CPS and domestic violence agencies (e.g., Banks, Hazen, Coben, Wang, & Griffith, 2009), there remains a dearth of resources to support CPS workers to assess and engage families who are experiencing domestic violence (Alaggia, Gadalla, Shlonsky, Jenney, and Daciuk, 2015). Additional resources that support workers' efforts to engage families during co-occurring interpersonal violence cases would be beneficial for all CPS agencies.

**Substantiation decisions and further involvement of CPS**. Two primary differences between the AR and TR pathways are that (1) there is not a substantiation decision at the conclusion of an IA in the AR pathway and (2) alleged maltreaters are not formally identified. Aside from making a substantiation decision, cases assigned to the AR pathway and TR pathway have the same requirements for safety assessments and the same options for further CPS involvement if warranted, which includes providing services, court involvement, and the possibility of removing a child from the home.

During qualitative data collection, we asked CPS staff to describe the purpose or value of making substantiation decisions for cases assigned to the TR pathway. During focus groups, staff often would initially make comments similar to: *"I don't see a benefit*" and "*Substantiation is the part of TR that I could do without*." However, a deeper discussion regarding the potential utility of substantiation decisions emerged in several counties. For instance, a substantiation decision results in documenting the

name of the maltreater in state CPS records. Thus, many staff viewed making a substantiation decision as an important way to prevent maltreaters from committing future abuse to children. However, staff also expressed their reluctance to substantiate when they felt that this documentation could unnecessarily prohibit a parent from obtaining employment in the healthcare or education fields. Focus group participants in one county discussed that the unintended consequences associated with substantiation decisions were more of a challenge prior to AR implementation. Now, one determining factor for pathway decisions in some cases is whether making a substantiation decision would ultimately be harmful or beneficial to the well-being of the family.

The second use for making a substantiation decision that emerged from these discussions was that it was often used to strengthen the case for Ongoing services and court involvement. Although Wisconsin policy allows cases on the AR pathway to be transferred to Ongoing services and file CHIPS petitions, respondents in several counties noted that courts in their counties seemed reluctant to file CHIPS petitions in order to serve cases in the AR pathway in Ongoing.

Related to this theme, respondents in three counties mentioned that more work was needed to educate CPS staff in Ongoing services and representatives in court systems about AR. Specifically, although Ongoing units in all of the Phase IV and V agencies had some awareness of AR, it was generally not well-integrated into practice in Ongoing units.

In one county, the Ongoing supervisor is currently developing a training about AR for new workers. The county plans to have job shadowing so that staff in Ongoing and IA can learn about each other's role, "*so that we can start to close the gap of AR between Ongoing and IA.*"

### Services during IA

A commonly cited benefit of the differential or alternative response model is that it allows CPS workers to focus on partnering with families during the IA to help provide front-end services. In Wisconsin, it is the expectation that families in both AR and TR pathways are referred to needed services as determined at the conclusion of the IA (DCF, 2010). An aim of this evaluation is to analyze families' service access and uptake during the IA. At present, however, CPS agencies have no mechanism to record or track the receipt of services in eWiSACWIS. Therefore, the evaluation relied on qualitative staff data and surveys from CPS and community professionals to examine perception of service needs and gaps within their own counties. The outcome evaluation will build on this information by reporting survey findings about services from the perspective of families.

Three important findings came out of survey and qualitative data analysis: (1) Nearly every community is facing service shortages, especially in the areas of adult and child mental health and substance abuse; (2) the implementation of AR does not result in improved access to services for families, largely due to the lack of services; and (3) despite no direct link to service improvements, staff perceive that AR provides opportunities for more comprehensive assessments and greater engagement with families which may lead to more cooperation and follow-through with service plans.

During site visits, participants in all but one county reported major service shortages or concerns over service quality, particularly in the areas of mental health and substance abuse treatment. Based on this finding, we incorporated two community service scales into the staff and community partner surveys. First, we developed a list of 26 service domains, informed by a similar list from a multi-state AR evaluation (QIC, 2014). We asked respondents to rate the *availability* of these services on a scale of 1-3 (adequate, limited, or no/almost no availability). Because we anticipated major service shortages in many domains, and because both availability and quality seemed to contribute to service gaps, we then asked the following prompt, "*Thinking about the list of services above, select the top five services that you feel need the most improvement in your community*." Notably, AR, non-AR, and community professionals rated the same seven services as needing the most improvement in their community. See *Appendix D* for more details on service information from the surveys, including county-specific ratings for service availability in the 26 service domains.

Services needing the most improvement

- AODA, residential and long-term treatment;
- Affordable housing
- AODA, detox facilities
- Child mental health, counseling
- Child mental health, residential and intensive treatment
- Emergency shelters
- Adult mental health, counselling

We also were interested in understanding CPS workers' perceptions about service access for families after AR implementation. First, we asked CPS professionals in non-AR counties to predict how AR implementation may change families' access to services: Over half (50.1%) said they anticipated that service access would be better or significantly better if their county implemented AR. However, over three quarters (78%) of staff in AR counties responded that since AR implementation, family access to services did not change. These contradictory findings highlight the discordance between the expectation of AR to improve front-end services for families and the reality that most communities face severe and persistent service shortages.

The expectation of AR to improve front-end services for families is discordant with the reality that most communities face severe and persistent service shortages.

Partly due to chronic shortages of community services, staff in two AR pilot counties said that they considered themselves service providers. One respondent explained it as, "*AR is the intervention*." Respondents noted that AR trainings like Partners in Change (discussed in the Implementation Support section below) provide tools to help workers serve families. However, participants also commented that staff shortages and time limitations reduced their ability to apply the practice tools to their fullest potential.

Although the types of services are similar for families in both pathways, one participant observed that cases assigned to the TR pathway often have more severe addiction and mental health needs. Many counties are struggling to meet the needs of families facing addiction to heroine, fentanyl, and prescription painkillers. Focus group participants in some counties noted that severe addiction issues have reduced the proportion of cases that can be assigned to the AR pathway.

Anecdotal evidence from staff in focus groups in several counties support the notion that the strength-based, family-centered assessment approach in the AR pathway may lead to more accurate and

comprehensive data collection in order to identify family service needs. In addition, CPS staff in some pilot counties attribute the AR pathway's non-adversarial approach to family engagement and information collection to improving family follow-through with service recommendations. It should be noted, however, that family engagement depended on a variety of factors. For instance, several respondents noted that low family cooperation still could occur in cases assigned to the AR pathway. Moreover, staff commonly said that they were able to use the same kind of family engagement strategies in their cases on the TR pathway, as well. The Outcome Evaluation Report will provide insight into the degree to which a family's rating of engagement, trust, and service uptake is associated with pathway assignment.

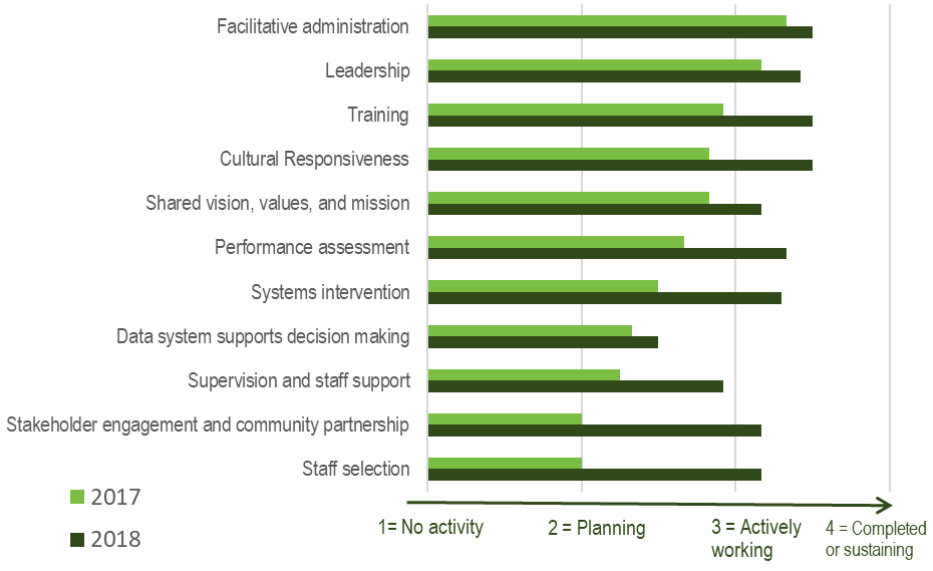
### Implementation priorities and activities

The implementation assessment was designed to explore key components needed to implement AR in Wisconsin's county child welfare agencies, identify similarities and differences in the implementation process across agencies, and describe how implementation developed over time. Phase IV and V counties participated in the assessment activity. Each county conducted a baseline assessment in January of 2017 and a follow-up assessment in January 2018.

CPS staff in participating counties were asked to meet as a group and rate their county on 11 implementation components using two scales: the degree to which each component was a priority in the last six months (i.e., ***Priority***, 4 = Extremely high priority, 1 = Not a priority at this time) and the degree to which each component was currently in place at their agency (i.e., ***Installation***, 4 = Completed work or engaged in ongoing efforts to sustain this component, 1 = Not started work on this component). Respondents were encouraged to provide additional details such as activities underway for each component. *Figures 6 and 7* present the average assessment ratings for the components. In general, a few domains seemed to be a consistent priority at both time points, including cultural responsiveness and comprehensive training. In terms of installation ratings, counties saw the biggest changes over time in stakeholder engagement and staff selection domains. The detail that follows provides definitions and summarizes the comments for each component.

Figure 6: Implementation Priority

Figure 7: Implementation Installation



***1. Shared vision and support**: Leaders and stakeholders hold a shared understanding of the vision, mission, and values of AR that will promote change and provide a framework for the project.* The priority rating for this component was 2.5 at baseline and 2.8 at follow-up. On average, the installation ratings improved from 2.8 to 3.2. Two counties reported that information shared during the onboarding process, particularly the materials developed by Wisconsin's Professional Development System, helped to create a shared understanding of AR. Two other counties commented that training on topics that echo similar approaches, such as motivational interviewing, trauma-informed care, and care coordination (i.e., Family Teaming) has helped reinforce the values of AR.

***2. Leadership**: There is buy-in, leadership, and champions for AR at all levels of the organization and system. Clear and frequent communication occurs between leadership, staff, and stakeholders.* Leadership had an average priority score of 2.6 at baseline and 2.8 at follow-up, and an installation score of 3.2 and 3.4 respectively. One agency reported that the lack of a shared vision (Component 1) was a barrier to generating leadership buy-in at baseline. However, the same agency reported progress in the follow-up assessment—noting a key strategy for generating buy-in was to find ways to align AR to other agency priorities and initiatives. Another county mentioned that turnover, particularly at the supervisor level, was a significant barrier to generating leadership support.

***3. Staff selection**: Job descriptions, recruitment strategies, and hiring procedures are aligned to identify and hire staff with the knowledge, skills, and abilities to support integration of AR into CPS.* The priority rating for staff selection was 2.3 at baseline and 2.8 at follow-up. In terms of installation, staff selection was one of the components that showed the biggest change over time: The average installation score increased from 2.0 at baseline to 3.2 at follow-up. One county commented that because AR is not implemented statewide and may not be taught in social work programs, it is difficult to find staff who are already familiar with AR principles. Respondents in another county reported that their agency is simply trying to retain staff and recruit quality candidates. That is, staffing shortages make it difficult to be focused specifically on AR during the hiring process. Several counties reported that the lack of available AR trainings (Component 4) makes it difficult to staff cases in the AR pathway appropriately.

***4. Training**: Staff at all levels are provided training on AR. There is continued allocation of resources to support ongoing training and technical assistance.* Training increased in priority from an average score of 2.8 at baseline to 3.2 at follow-up. Results also indicate that training progressed from planning (installation score = 2.9) to active implementation (installation score = 3.5). As previously cited, county staff referenced the web-based training from Wisconsin's Professional Development System as the primary mechanism to train new staff in AR. Staff in one county commented that AR webinars will soon be offered to Ongoing supervisors and staff, as needed. Participants in another county noted they had devoted their own resources to bringing in consultants (Blue Spiral Consulting) to provide additional training. More information on training is presented in the *Implementation support* section below.

***5. Supervision, coaching, and staff support**: Supervision and coaching plans are developed and implemented for staff at all levels to support the integration of new skills related to AR integration. The agency monitors staff workload as it relates to shifting roles because of AR implementation.* This component increased in importance from baseline to follow-up (priority score = 2.0 and 2.6 respectively), although average installation scores indicated planning was still underway for this component in many counties at both time points (installation score = 2.3 baseline, 2.9 follow-up). One county reported that hiring additional supervisors has allowed for greater oversight, supervision, and coaching. Multiple counties mention that they use regular one-on-one and team meetings between IA workers and supervisors to monitor fidelity and provide support, including discussions about why a case has changed or may change pathways.

***6. Performance assessment***: *Staff performance is routinely assessed, with a particular focus on the extent to which practice supports fidelity to the AR model. Improvements are integrated into supervision and coaching plans.* Performance assessment was rated as a somewhat important priority at baseline and an

important priority at follow-up (priority score = 2.7 and 3.0 respectively). Moreover, performance assessment progressed from planning to actively implementing (installation score = 2.7 and 3.3 respectively). Although several counties mentioned incorporating AR principles into performance reviews, respondents in one county explained that opportunities for training and preparation for staff must be in place prior to including AR-specific metrics for assessing staff performance.

***7. Facilitative administration**: Practices, policies, and procedures have been added or changed as needed to support the integration of AR into CPS, including changing practice manuals, forms, and staff roles. Eligibility for case path assignment is clear.* Facilitative administration was assessed as somewhat important at both time points (priority score = 2.5 baseline, 2.8 follow-up). Notably, facilitative administration had the highest average installation ratings of all the implementation components (installation score = 3.3 baseline, 3.5 follow-up). Respondents noted numerous ongoing activities related to this component. For example, the AR writing guide was mentioned by multiple counties as a promising strategy to support consistent documentation of cases on the AR pathway. The role of Access workers has been adjusted in one county to allow the information gathering at Access to be more informative for making pathway decisions. As a result of technical assistance, one county now uses a "working agreement" between staff and families that hold the worker and family accountable for specific behavior. This working agreement is used with families in both the AR and TR pathways.

***8. Systems Intervention**: System-wide structures have been added or adapted as needed to support AR. This may include new collaborations and formal agreements with other organizations, changes to advisory boards, and other groups.* Systems intervention was rated as a moderate priority at both time points (priority score = 2.2 baseline, 2.4 follow-up). Results from the assessment indicate counties moved from planning to actively working on this component between baseline and follow-up (installation score = 2.5 baseline, 3.3 follow-up). Participants mentioned linking AR to numerous county-level collaborations and initiatives including a Child Neglect and Abuse Task Force, a Priority Referral System, and community response programs.

***9. Data system supports decision-making**: Data collection and reporting systems monitor fidelity and outcomes of cases in the AR and TR pathways. The agency uses well-established standardized tools to assess child safety and family well-being. Quality assurance and improvement mechanisms are in place and information is shared with all levels of agency staff.* This was one of two components that decreased as a priority between baseline and follow-up (priority score = 2.3 baseline, 2.0 follow-up). In addition, the average installation rating suggests many counties were not yet actively working to develop or use existing data systems to monitor fidelity to AR (installation score = 2.3, baseline, 2.5 follow-up). Respondents in two counties mention that assessing safety is the biggest driver of case decision making and monitoring, regardless of pathway assignment. Comments from another county mentioned it would be helpful if the state's reporting system (eWiSACWIS) was improved to make it easier to track and monitor cases in the AR pathway. Other respondents mentioned that organizational effectiveness (OE) is helping with data collection. Still, counties report that more analysis, especially of those cases that change pathways, would be helpful for monitoring fidelity.

***10. Stakeholder engagement and community partnership: Stakeholders, including caregivers, families and youth, and community members are actively and consistently involved in planning, implementation, evaluation, and decision making as AR is integrated into CPS. There are established partnerships with community organizations. There are external champions of AR within the community***. Stakeholder engagement was rated as somewhat a priority at both time points (priority score = 2.0 baseline, 2.5 follow-up). Results from the installation rating suggest that counties were moving from planning to actively working on this component (installation score = 2.0 baseline, 3.2 follow-up). In addition to examples previously mentioned in Component 8, activities related to stakeholder and community engagement included discussing AR in pre-established standing meetings with community partners, initiating additional training for local agencies or incorporating information about AR into pre-existing trainings (e.g., mandated reporter training), and revising MOUs to reference AR. Notably, there was no

specific reference to caregiver, families, or youth as part of these partnerships. More data collection may be needed to determine if this reflects a real gap in engaging families at the policy level or if it was an unintentional oversight that occurred when completing the assessment.

***11. Cultural responsiveness:*** *AR and TR practices are culturally-sensitive. Case management and services can be tailored to meet the needs of all families served.* Cultural responsiveness had the highest priority rating at both time points, although it decreased slightly over time (priority score = 3.5 baseline, 3.3 follow-up). Counties also reported progress in implementing this component, with installation scores increasing from 2.8 at baseline to 3.2 at follow-up. Comments from the implementation assessment suggest that cultural responsiveness is a broad priority for CPS agencies that extends well beyond AR implementation. Nevertheless, staff emphasize that AR principles reinforce their agencies' commitment to cultural responsiveness. Specific priorities include the recruitment of bilingual staff and training about native cultures (e.g., Indian Child Welfare Act training).

### Implementation support

The process evaluation also assessed how counties and state resources are used to support and sustain AR implementation. This section includes pre- and early-implementation training and technical assistance for staff in AR counties as well as efforts to engage with and educate community stakeholders during AR implementation.

During focus groups and interviews, respondents in Phase IV and V counties found the application process, including the readiness assessment, to be a helpful approach for pilot county selection. Supervisors and administrators in several counties reflected that they were glad they waited to apply, stating that in 2010 and 2011 their county would not have been ready to implement AR. Administrators in several counties mentioned that supervisors familiar with AR served as champions and were the catalysts for the counties' applications. Participants in several counties said that IA staff were directly involved in the application process.

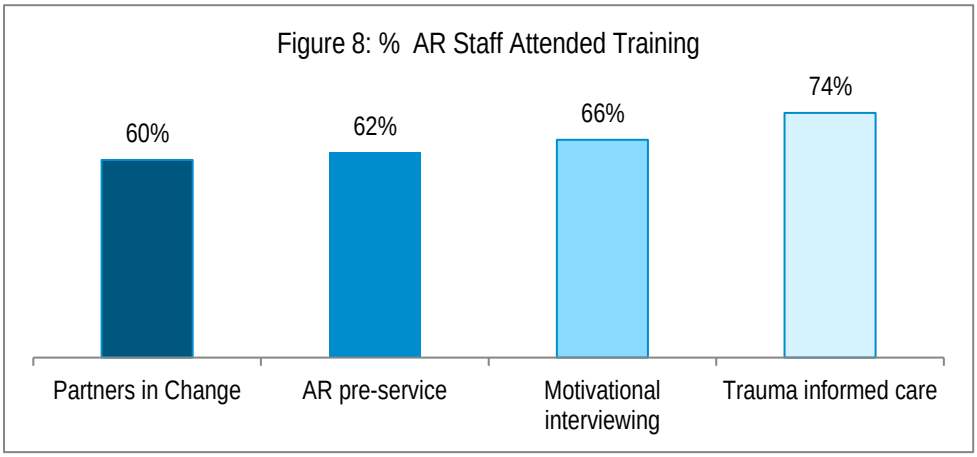
Respondents also cited training and the implementation of other practice innovations as important factors that increased their readiness to launch AR. Supervisors in several counties mentioned that it was helpful to participate in the *Supervising Safety*[4] training during or prior to AR implementation. Several supervisors noted that despite the large investment in time that the training required, it was beneficial, especially when assessing decisions regarding pathway assignment and safety assessments.

Qualitative data also indicated that IA workers found training in motivational interviewing and trauma-informed care helpful for AR implementation. Results from the staff survey show that the majority of AR staff have received training in motivational interviewing and trauma-informed care from Wisconsin's Professional Development System (*Figure 8*).

**AR training**. At the beginning of implementation, Phase IV and V counties received a training entitled *Partners in Change* (PIC), developed and implemented by Blue Spiral Consulting. The PIC training provides an overview of AR philosophy. Trainers also share specific tools that IA workers can use to promote family engagement and strength-based assessments. The consultants provided on-site technical assistance to counties during the first year of implementation. During these site visits, they joined IA workers on visits with families and talked through real case examples. In addition, DCF staff provided training for counties that focused on specific state policy changes associated with AR implementation and

[4] Supervising Safety is an in-depth training program designed specifically for supervisors. It addresses the unique challenge of staff supervision: how can I guide the worker, who has direct contact with the family and responsibility for information gathering, through the analytic process that results in solid decisions that protect the child, family, worker, supervisor and agency? (for more details see: https://wcwpds.wisc.edu/supervising-safety-training-program/)

collaborated in developing a writing guide to use when documenting assessments for cases assigned to the AR pathway.




We asked about the initial training process during the interviews and focus groups. A common response was that IA workers appreciated the training's focus on promoting family engagement. They reported finding the specific tools presented from the PIC training helpful when working with families on cases in the AR and TR pathways. However, as an initial training for AR implementation, many IA staff reported that the PIC training did not provide adequate information about the specific ways using an AR approach would change the way they worked with families. Many IA workers described leaving the training feeling unprepared to begin using new engagement and assessment skills on cases assigned to the AR pathway and feeling that the training emphasized "*touchy feeling information*" when they needed "*concrete information*." During interviews and focus groups, CPS staff suggested additional strategies to prepare for AR implementation, listed in the text box.

Additional preparation strategies prior to AR implementation, as suggested by CPS workers:

- Provide information about eWiSACWIS changes
- Deliver intensive supervisory training
- Discuss simulated pathway staffings (e.g., *How would this case be different in AR?*)
- Shadow workers from counties already implementing AR

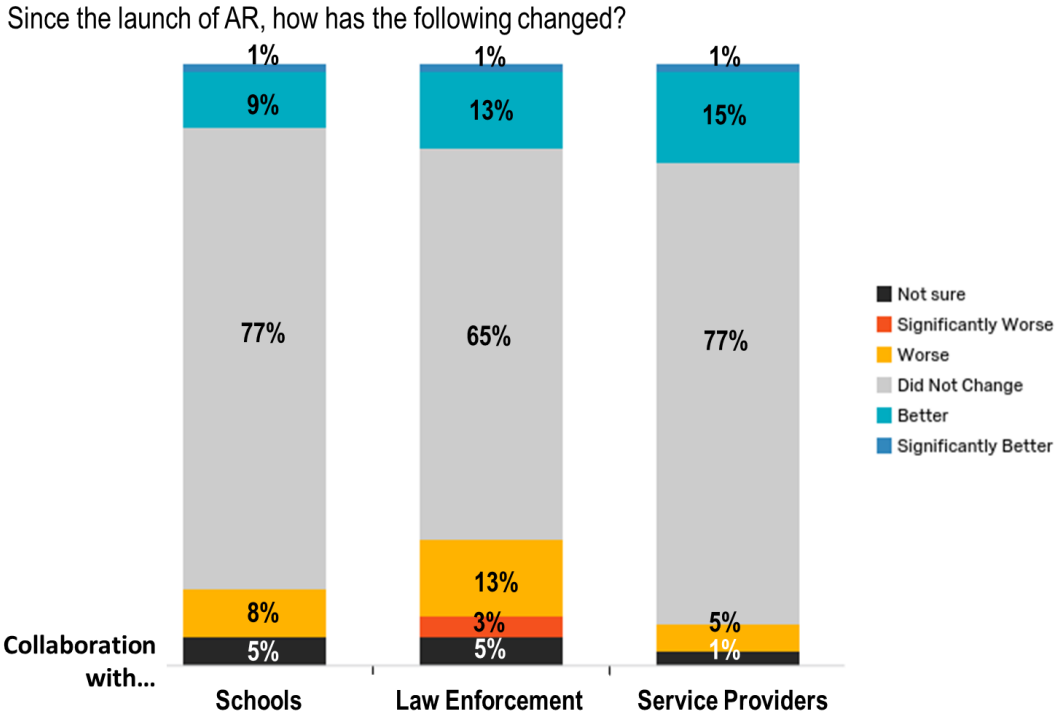
**Early engagement with community partners**. We examined three components of community collaboration during the early phases of AR implementation: (1) the degree to which AR changed the frequency or quality of collaboration between CPS staff and community stakeholders in their daily practice; (2) community partnership meetings; and (3) community stakeholders' perceptions of CPS generally and the AR pathway specifically.

*Collaboration in daily practice*. During focus groups and interviews, CPS staff in most counties observed that the implementation of AR seemed to have the largest impact on their relationship with schools, law enforcement, and the court system. As discussed below, however, this impact was sometimes reported as positive and sometimes negative. Personnel from these three systems often work closely with CPS staff during the IA for cases on the TR pathway. In cases on the AR pathway, however, IA workers may not require or desire to have these systems involved. As described in more detail in the section called *community stakeholders' perception of CPS and AR* (below), CPS staff reported this sometimes led to community partners assuming that workers were not as involved in cases on the AR pathway.

Staff and community stakeholder survey results suggest most counties maintained a positive relationship with partner agencies. We asked CPS staff who were employed in their agency before the launch of AR if

the implementation of AR had changed their ability to collaborate with staff from schools, law enforcement, or service providers. As the chart in *Figure 9* shows, the majority of respondents reported that AR implementation had a positive effect on or did not change collaboration (collaboration better or no change after AR implementation: Service providers = 95%; schools = 87%; law enforcement = 79%). Moreover, over three-quarters (76.7%) of the community survey participants responded that CPS staff get back to them quickly if they reach out to them with questions or requests and 91.3% indicated that CPS staff are professional in their communication with them.

Figure 9: Improvement in community collaboration



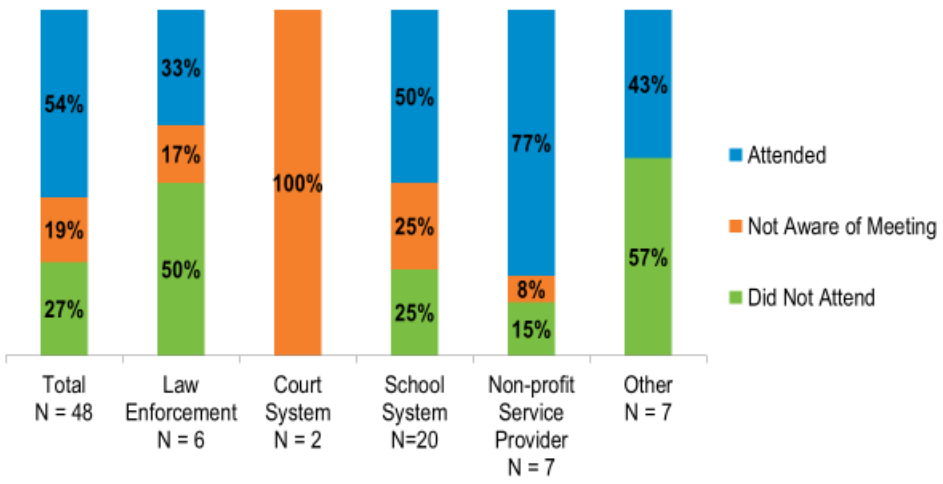

Several counties reported that having strong, pre-existing partnerships with courts and law enforcement before the launch of AR helped them engage with these partners during implementation. In one county, respondents reported that their pre-existing collaboration with other public systems and a county-wide multidisciplinary team consisting of public and private agency leadership helped maintain open communication for problem solving and collaboration during AR implementation.

*Community partnership meetings*. Each of the Phase IV and V counties hosted one community partnership meeting prior to or early in AR implementation. The meetings were designed to provide community partners with information about how AR changes the way CPS agencies work with many families. Participation in the community partnership meeting varied by county and by constituency. In focus groups, CPS staff in some counties reported that no representatives from school or court systems attended. *Figure 10* shows the percentage of community staff respondents who attended the community meeting by constituency (for Phase IV and VI counties only). Over half of community respondents in Phase IV and V counties reported attending the community partner meetings, but only one third of law enforcement representatives and neither of the two judges in this sample reported attending the community partnership meetings.

The majority of the 150 community survey respondents were familiar with AR (62%). However, over a quarter of respondents reported that they had heard of AR but did not really know what it is (25%) and

12.7% of community survey respondents indicated that they had no familiarity with AR. After the implementation of AR, we directed CPS staff of all levels in Phase IV and V counties to identify key community partners that were familiar with AR to participate in the community survey. Thus, it is notable that some partners had no familiarity with it. It is also likely that the results from this sample overestimate the familiarity of AR among community partners.

Figure 10: Participation in community partnership meeting

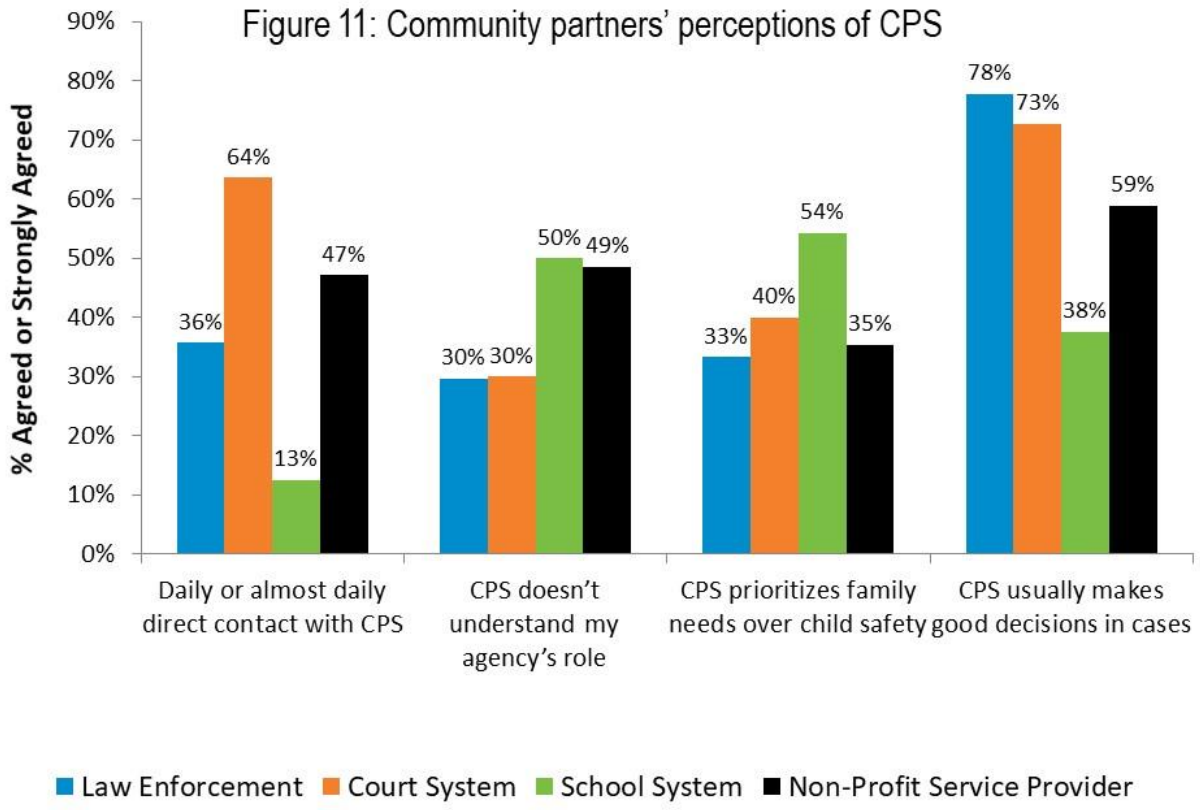



Subsample of participants from the community partner survey. Only includes only community partners that were confirmed to serve in Cohort IV and V Counties.

*Community perceptions of CPS and AR*. Overall, 58% of community survey respondents in Phase IV and V counties reported that their child welfare agency usually makes good decisions in CPS cases and 69.4% agreed or strongly agreed that it is a good idea for child welfare systems to have the option to respond to CPS cases without launching an investigation. A theme that emerged from the focus groups was that "*constant re-education*" is necessary to maintain relationships with other public agencies and to communicate how an alternative response differs from the traditional response approach.

The perception of CPS also differed among different types of community partners. This variation was also supported by findings from the CPS staff interviews and focus groups (see *Figure 11*). Specifically, regardless of pathway assignment, school personnel reported having the least amount of direct contact with CPS: only 12.5% reported daily or almost daily contact. Interviews and focus groups with CPS staff indicate that they had less interaction with school personnel in cases in the AR pathway than in cases in the TR pathway. CPS staff who participated in focus groups mentioned that school staff may have a less than positive view of AR because CPS workers were less likely to meet children at school.

> *"Schools were initially assuming that if a worker didn't come to school that the case was screened out and they were upset."*




Compared to school staff, survey respondents from law enforcement and the court system were more likely to report frequent contact with CPS and had generally more positive views of CPS. Complete data tables for these measures can be found in *Appendix E*.

When asked about potential strategies to increase buy-in from other partners, CPS staff from several counties noted that having champions from partner systems at either a state- or county-level would likely be more persuasive than relying on county CPS staff to generate cross-system buy-in. For instance, focus group participants suggested recruiting state or local law enforcement leadership to describe AR implementation to local law enforcement staff at community meetings early in implementation.

CPS staff also raised the suggestion that in addition to the community partnership meeting, opportunities for ongoing communication with stakeholders may help sustain community engagement, including individual meetings with community partner agencies to address specific concerns and questions.

## Initial Impressions

The following section summarizes the preliminary results gathered from the process evaluation. These results will also be integrated into the final report along with outcome data to provide a comprehensive distillation of findings from the evaluation.

**Descriptive data.** Findings from administrative data suggest that compared to non-AR counties, AR counties have more CPS Access reports, relative to the county population, as well as significantly higher substantiation rates among cases in the TR pathway. The proportion of substantiated cases among a county's overall child population, however, is not significantly different in AR counties than in non-AR counties. A robust comparison of decision-making will be included in the outcome evaluation.

**Pathway assignment**. Counties have different interpretations of existing state policies about pathway assignment, including which elements are state mandates and which elements can be left to county discretion (e.g., law enforcement contact). Further support or training may be needed. Finally, to fully monitor fidelity and compliance to state policy, additional data elements would need to be collected and tracked statewide (e.g., documentation of methamphetamine abuse).

**Assessing safety**. Although Wisconsin AR policy allows flexibility regarding how families are contacted and who is a part of the initial face-to-face contact, CPS staff did express a need for additional guidance in this aspect of the AR policy, especially in the early phases of implementation. CPS staff in AR counties suggested the following areas of support: (1) instruments with examples of language for assessing physical injury in the presence of the alleged maltreater; (2) more training on domestic violence issues and how to protect children and adult victims; and (3) examples of when and how to ask to speak to children separately.

**Inclusion of Ongoing CPS staff and court professionals in training, planning, and implementation activities**. Findings from focus groups suggest it may be beneficial to include Ongoing workers and supervisors sooner in the implementation of AR, including in the planning and training phases. In addition, recommendations from the focus group included improving communication between CPS and court systems. This may increase the understanding of AR and its implications for court proceedings.

**Service access and utilization**. Mental health and AODA service shortages are widespread throughout AR and non-AR counties. These service gaps represent community-wide resource issues that a CPS-focused innovation, such as AR, cannot alone address. Qualitative data suggest that some AR counties are working to enhance service coordination to ensure that service shortages are not exacerbated by preventable obstacles to service access. For example, during interviews, CPS county administrators mentioned promising strategies they felt could potentially strengthen systems of care for CPS-involved families, such as multidisciplinary teams, MOUs with service agencies that prioritize families referred by CPS, collaboration among system leaders, and expanding child welfare and community response teams to help families in the AR pathway. Some counties have successfully found additional dollars through public and private funding streams to support these efforts.

**Implementation readiness**. Respondents in Phase IV and V counties reported that the current application process, including the readiness assessment, is helpful. In addition, staff found trainings provided by Wisconsin's Professional Development System on topics such as Supervising Safety, Motivational Interviewing, and Trauma-informed Care were helpful for successful AR implementation. The feedback from CPS county staff about support from DCF staff was overwhelmingly positive.

**Initial AR trainings**. CPS staff found the tools and topics covered in the *Partners in Change* training promoted family engagement and other values that align with AR. However, they also report the initial trainings lacked the details needed for staff to feel prepared to adequately gather information and complete an assessment for cases in the AR pathway. Respondents from counties where supervisors had a high degree of familiarity of AR often cited that they relied on information from supervisors versus

trainings to help integrate AR into routine practice. Ensuring that supervisors in all pilot counties have a deep understanding of AR and are adept at discussing its application with staff may supplement broader training efforts.

**Community collaboration**. Although CPS respondents reported that community partnership meetings were important to early engagement with other systems and providers, in many cases, the single training was not sufficient for stakeholders to understand how AR changes the way CPS works with other agencies. Ongoing training and communication seems particularly important to increase the awareness and buy-in of school staff.

**Reflecting on the future**. A final theme that emerged from interviews with supervisors and administrators in Phase IV and V counties was that AR was a complex and major system reform that required multiple levels of agency support to accomplish. Moreover, when reflecting on lessons learned for potential future implementation efforts, several respondents described that counties must be open to being flexible and patient with such a large system innovation. In closing, one administrator offered this observation:

> *"As with any good change- [AR implementation] is a gradual process and you have to give people permission to be hesitant and develop trust that it isn't just an initiative that will come and go. Be patient."*

# References

Alaggia, R., Gadalla, T. M., Shlonsky, A., Jenney, A., & Daciuk, J. (2015). Does differential response make a difference: Examining domestic violence cases in child protection services. *Child & Family Social Work*, 20(1), 83-95.

Armstrong, M. I., McCrae, J. S., Graef, M. I., Richards, T., Lambert, D., Bright, C. L., & Sowell, C. (2014). Development and initial findings of an implementation process measure for child welfare system change. *Journal of Public Child Welfare, 8*(1), 94-177

Banks, D., Hazen, A. L., Coben, J. H., Wang, K., & Griffith, J. D. (2009). Collaboration between child welfare agencies and domestic violence service providers: Relationship with child welfare policies and practices for addressing domestic violence. *Children and Youth Services Review*, 31(5), 497-505.

Fluke, J. (2009). Allegory of the cave: On the theme of substantiation. *Child Maltreatment*, 14(1), 69-72.

Kohl, P. L., Edleson, J. L., English, D. J., & Barth, R. P. (2005). Domestic violence and pathways into child welfare services: Findings from the National Survey of Child and Adolescent Well-Being. *Children and Youth Services Review*, 27(11), 1167-1182.

Loman, L. A., & Siegel, G. L. (2015). Effects of approach and services under differential response on long term child safety and welfare. *Child Abuse & Neglect,* 39, 86-97.

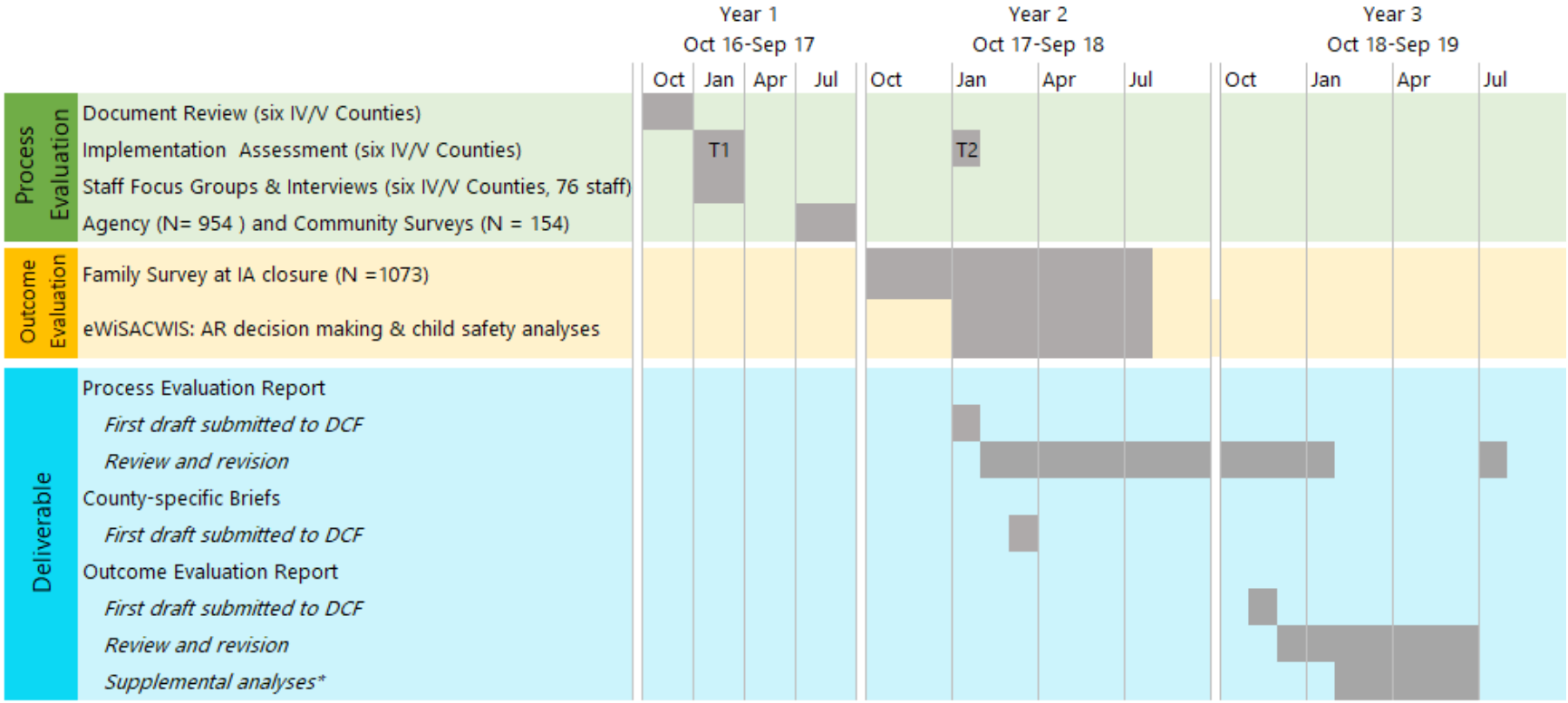
National Quality Improvement Center on Differential Response in Child Protective Services. (2014). *Final report: QIC-DR cross-site evaluation.* Available from: www.differentialresponseqic.org.

U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2017). *Child Maltreatment 2015*. Retrieved from http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment .

Wisconsin Department of Children and Families, 2010*, Child Protective Services Alternative Response Pilot Program, Addendum to the Child Protective Services Access and Initial Assessment Standards: Program requirements and guidelines*. Retrieved from https://dcf.wisconsin.gov/files/cwportal/policy/pdf/ar-addendum.pdf

# Appendix A:
# Evaluation Milestones

## AR Evaluation Workplan Plan (Updated July 2019)




* Supplemental analyses: (1) County-specific rates of assignment over time; (2) Association between race/ethnicity and pathway assignment/reassignment ; (3) Analysis of three counties with high rates of American Indian reassignment to TR pathway.

# Appendix B: Instruments

# Appendix B-1:
# Implementation Assessment

Note: This is the follow-up version of the Implementation Assessment administered in January 2018. The baseline assessment (administered in January 2017) was nearly identical to this version.

# WISCONSIN ALTERNATIVE RESPONSE EVALUATION

## Implementation Assessment Form: 2018 UPDATE

County Name: _____

Date Completed: _____

If we have questions, who is the best person to contact? _____

Who helped complete this assessment?

| Name | Position |
|---|---|
| | |

Thank you for your participation! Please return the form to **Madeline McAteer**, either via email or mail by February 16, 2018:

mcateerm@uwm.edu

Helen Bader School of Social Welfare
University of Wisconsin-Milwaukee
PO Box 786
Milwaukee, WI 53201

## Implementation Components

Large system initiatives, such as Alternative Response (AR), require agencies to make changes to many parts of their organization. Changes in some areas occur quickly, while others may take time or may occur in later implementation phases. We will refer to these areas of organizational change as Implementation Components (Armstrong et al., 2009). We ask you to rate each component in two ways:

- ***Priority:*** The degree to which this component has been an important focus in your agency during the last 6 months.
- ***Installation:*** considers the degree to which this component is currently in place in your agency.

**COMPONENT 1: Shared vision, values, and mission**

There is a shared understanding of the vision, mission, and values of AR among leaders and stakeholders that will promote change and provide a framework for the project.

**Priority:** Over the past six months, how much has this component been a priority or focus for your agency?

☐An extremely high priority
☐An important priority
☐A somewhat important priority
☐Not a priority at this time

**Installation:** At this time, assess the progress your agency has made in this component.

☐Not started working on this component
☐Started planning how to address this component
☐Actively working on this component
☐Completed work or are engaged in ongoing efforts to sustain this component

**Additional Details/ Challenges Encountered/ Lessons Learned (optional)**

**Note**: The Implementation Assessment is adapted from Armstrong, M. I., McCrae, J. S., Graef, M. I., Richards, T., Lambert, D., Bright, C. L., & Sowell, C. (2014). Development and initial findings of an implementation process measure for child welfare system change. *Journal of Public Child Welfare*, *8*(1), 94-177.

**COMPONENT 2: Leadership**

There is buy in, leadership and champions for AR at all levels of the organization and system. Clear and frequent communication channels exist between leadership, staff and stakeholders.

**Priority:** Over the past six months, how much has this component been a *priority or focus* for your agency?

☐An extremely high priority
☐An important priority
☐A somewhat important priority
☐Not a priority at this time

**Installation:** At this time, assess the progress your agency has made in this component.

☐Not started working on this component
☐Started planning how to address this component
☐Actively working on this component
☐Completed work or are engaged in ongoing efforts to sustain this component

**Additional Details/ Challenges Encountered/ Lessons Learned (optional)**

**COMPONENT 3: Staff selection**

Job descriptions, recruitment strategies, and hiring procedures are aligned to identify and hire staff with the knowledge, skills, and abilities to support integration of AR into CPS.

**Priority:** Over the past six months, how much has this component been a *priority or focus* for your agency?

☐An extremely high priority
☐An important priority
☐A somewhat important priority
☐Not a priority at this time

**Installation:** At this time, assess the progress your agency has made in this component.

☐Not started working on this component
☐Started planning how to address this component
☐Actively working on this component
☐Completed work or are engaged in ongoing efforts to sustain this component

**Additional Details/ Challenges Encountered/ Lessons Learned (optional)**

**COMPONENT 4: Training**

Staff at all levels are provided training on AR. There is continued allocation of resources to support ongoing training and technical assistance.

**Priority:** Over the past six months, how much has this component been a *priority or focus* for your agency?

- ☐An extremely high priority
- ☐An important priority
- ☐A somewhat important priority
- ☐Not a priority at this time

**Installation:** At this time, assess the progress your agency has made in this component.

- ☐Not started working on this component
- ☐Started planning how to address this component
- ☐Actively working on this component
- ☐Completed work or are engaged in ongoing efforts to sustain this component

**Additional Details/ Challenges Encountered/ Lessons Learned (optional)**

**COMPONENT 5: Supervision, coaching, and staff support**

Supervision and coaching plans are developed and implemented for staff at all levels to support the integration of new skills related to AR integration. The agency monitors staff workload as it relates to shifting roles because of AR implementation.

**Priority:** Over the past six months, how much has this component been a *priority or focus* for your agency?

- ☐An extremely high priority
- ☐An important priority
- ☐A somewhat important priority
- ☐Not a priority at this time

**Installation:** At this time, assess the progress your agency has made in this component.

- ☐Not started working on this component
- ☐Started planning how to address this component
- ☐Actively working on this component
- ☐Completed work or are engaged in ongoing efforts to sustain this component

**Additional Details/ Challenges Encountered/ Lessons Learned (optional)**

**COMPONENT 6: Performance Assessment**

Staff performance is routinely assessed, with a particular focus on the extent to which practice supports fidelity to AR model. Improvements are integrated into supervision and coaching plans.

**Priority:** Over the past six months, how much has this component been a *priority or focus* for your agency?

- ☐An extremely high priority
- ☐An important priority
- ☐A somewhat important priority
- ☐Not a priority at this time

**Installation:** At this time, assess the progress your agency has made in this component.

- ☐Not started working on this component
- ☐Started planning how to address this component
- ☐Actively working on this component
- ☐Completed work or are engaged in ongoing efforts to sustain this component

**Additional Details/ Challenges Encountered/ Lessons Learned (optional)**

**COMPONENT 7: Facilitative Administration**

Practices, policies, and procedures have been added or changed as needed to support the integration of AR into CPS, including changing practice manuals, forms, and staff roles. Eligibility for case path assignment is clear.

**Priority:** Over the past six months, how much has this component been a *priority or focus* for your agency?

- ☐An extremely high priority
- ☐An important priority
- ☐A somewhat important priority
- ☐Not a priority at this time

**Installation:** At this time, assess the progress your agency has made in this component.

- ☐Not started working on this component
- ☐Started planning how to address this component
- ☐Actively working on this component
- ☐Completed work or are engaged in ongoing efforts to sustain this component

**Additional Details/ Challenges Encountered/ Lessons Learned (optional)**

**COMPONENT 8: Systems Intervention**

System wide structures have been added or adapted as needed to support AR. This may include new collaborations and formal agreements with other organizations, changes to advisory boards, etc.

**Priority:** Over the past six months, how much has this component been a *priority or focus* for your agency?

☐An extremely high priority
☐An important priority
☐A somewhat important priority
☐Not a priority at this time

**Installation:** At this time, assess the progress your agency has made in this component.

☐Not started working on this component
☐Started planning how to address this component
☐Actively working on this component
☐Completed work or are engaged in ongoing efforts to sustain this component

**Additional Details/ Challenges Encountered/ Lessons Learned (optional)**

**COMPONENT 9: Decision support data system**

Data collection and reporting systems monitor fidelity and outcomes of AR and TR cases. The agency uses well-established standardized tools to assess child safety and family well-being. Quality assurance and improvement mechanisms are in place and information is shared with all levels of agency staff.

**Priority:** Over the past six months, how much has this component been a *priority or focus* for your agency?

☐An extremely high priority
☐An important priority
☐A somewhat important priority
☐Not a priority at this time

**Installation:** At this time, assess the progress your agency has made in this component.

☐Not started working on this component
☐Started planning how to address this component
☐Actively working on this component
☐Completed work or are engaged in ongoing efforts to sustain this component

**Additional Details/ Challenges Encountered/ Lessons Learned (optional)**

**COMPONENT 10: Stakeholder engagement and community partnership**

Internal and external stakeholders including caregivers, families and youth, and community members are actively and consistently involved in planning, implementation, evaluation, and decision making as AR is integrated into CPS. There are established partnerships with community organizations. There are external champions of AR within the community.

**Priority:** Over the past six months, how much has this component been a *priority or focus* for your agency?

☐An extremely high priority
☐An important priority
☐A somewhat important priority
☐Not a priority at this time

**Installation:** At this time, assess the progress your agency has made in this component.

☐Not started working on this component
☐Started planning how to address this component
☐Actively working on this component
☐Completed work or are engaged in ongoing efforts to sustain this component

**Additional Details/ Challenges Encountered/ Lessons Learned (optional)**

**COMPONENT 11: Cultural responsiveness**

AR and TR practices are culturally-sensitive. Case management and services can be tailored to meet the needs of all families served.

**Priority:** Over the past six months, how much has this component been a *priority or focus* for your agency?

☐An extremely high priority
☐An important priority
☐A somewhat important priority
☐Not a priority at this time

**Installation:** At this time, assess the progress your agency has made in this component.

☐Not started working on this component
☐Started planning how to address this component
☐Actively working on this component
☐Completed work or are engaged in ongoing efforts to sustain this component

**Additional Details/ Challenges Encountered/ Lessons Learned (optional)**

**Please estimate how long it took to complete this assessment** _____

# Appendix B-2:
# CPS Staff Survey Instrument

Note: This is a web-based survey with embedded skip logic. The formatting of the paper copy may appear different than the online version. The version included here is for AR counties. Non-AR county staff receive a slightly different version.

Consent

## Consent to Participate in the Wisconsin Alternative Response Evaluation

The University of Wisconsin-Milwaukee (UWM) has partnered with Wisconsin's Department of Children and Families (DCF) to evaluate the implementation of Alternative Response (AR), a major CPS system reform. Currently, 22 county CPS agencies in Wisconsin are piloting AR. As part of this evaluation, we are conducting an online survey of staff in all county CPS agencies (both AR and non-AR agencies). The purpose of this voluntary survey is to better understand the experiences of CPS workers and supervisors in Wisconsin's public child welfare agencies. The overall evaluation goals are to describe the implementation of AR and to assess the extent to which AR is associated with positive outcomes such as child safety and well-being, family engagement, worker satisfaction, and community engagement.

This survey will ask questions about your experience as a staff person at a public child welfare agency generally as well as your perceptions of alternative response specifically. It also asks about your background such as your educational level, race, and ethnicity. Information you provide will be used for program improvement and academic purposes (such as professional presentations or publishing in journals). It will not be presented in a form that includes your name or any other information that would identify you directly. We estimate that it will take 10-15 minutes to complete the survey.

Your participation in this evaluation research project is voluntary, and your survey responses are confidential. Your decision to participate or not will not affect your employment status, and your employer will not know whether or not you have participated.

You can skip any question you do not feel comfortable answering. You can also stop taking the survey at any point. Only the evaluation team from UWM (Colleen Janczewski, Joshua Mersky, and Madeline McAteer) will have access to your information. However, the Institutional Review Board at UWM or appropriate federal agencies like the Office for Human Research Protections may review this study's records.

This survey records identifying information such as your email address and agency. This allows us to track participation by counties and match your survey responses to agency records. The research team will remove identifying information from the survey data set once it has been downloaded from the server. We will save a limited amount of personal information (email, role, and agency) in a separate and secure master file along with an identification number which will be used to match surveys to other data files.

Online responses will be saved on the survey's server until the survey closes. At this time, UWM evaluation staff will download the files and the online records will be deleted. However, online data may exist on server logs after the survey closes. Evaluation staff at UWM will store survey data on a password protected, encrypted mapped storage system until one year after study completion, at which time the information will be destroyed.

Risks to participants are considered minimal. Taking a survey online involves the same risks you would encounter in everyday use of the internet, such as a breach of confidentiality. While the researchers have taken every reasonable step to protect your confidentiality, there is always the possibility of interception or hacking of the data by third parties that is not under the control of the research team. If you complete the survey on a public or shared computer, there is a risk that others will see your responses. If you are concerned about this risk, we recommend that you complete the survey on a private or personal computer.

If you have any questions, please contact:
Madeline McAteer, Project Coordinator: 414-229-2403; mcateerm@uwm.edu

Or
UWM IRB at 414-229-3173 or irbinfo@uwm.edu

## Please click the "Yes, I consent" button to begin the survey.

Note: You do not have to complete the survey in one sitting. If you need to stop, close out and use the same link to access the survey. It will start where you left off.

- ○ Yes, I consent to participate
- ○ No, I do not wish to participate

Demographics

A. Please tell us a little bit about yourself.

When were you born?

Month

▼

Year

▼

How would you describe your race? You may choose more than one.

- ☐ Black / African American
- ☐ Hispanic / Latino
- ☐ Asian or Pacific Islander
- ☐ Caucasian / White
- ☐ American Indian or Alaskan Native

Indicate your highest level of education:

- ○ High school degree or equivalent (e.g. GED)
- ○ Some college credit, no degree
- ○ Associate's degree
- ○ Bachelor's degree
- ○ Some graduate school credit, no degree
- ○ Completed graduate school

Job Activities

Please select the choice from the list below that best describes your role.

- ○ Access Worker
- ○ Supervisor
- ○ Initial Assessment/CPS worker
- ○ Ongoing worker
- ○ Other

How many workers do you supervise?

| | |
|---|---|
| Access Workers | |
| Initial Assessment/CPS Workers | |
| Ongoing Workers | |
| Other | |

What is your current **In**it**ial A**ssessm ent caseload? If you don't have any IA cases, enter zero.

Thinking about your current Init**ial A**ssessm ent caseload, about how many cases are Alternative Response? If you don't have any IA cases that are AR, enter zero.

What is your current **O**ngoing caseload? If you don't have any ongoing cases, enter zero.

Thinking about your current Ongoing caseload, do you know whether any of them are Alternat**ive R**esponse cases?

- ○ I do not know whether any of my ongoing cases are AR
- ○ I do not have any AR cases
- ○ I have AR cases. Please indicate the number of AR cases below

When did you start working in your current position?

Month

▼

Year

▼

Indicate whether you have received training in:

| | I have attended | I am scheduled to attend | I have not attended |
|---|---|---|---|
| Partners in Change | ○ | ○ | ○ |
| Engaging to Build Trusting Relationships | ○ | ○ | ○ |
| Motivational Interviewing | ○ | ○ | ○ |
| AR pre-service or special topic module | ○ | ○ | ○ |
| Supervising Safety | ○ | ○ | ○ |
| Trauma Informed Practice | ○ | ○ | ○ |

NOTE:
Partner**s in C**hang**e (**PIC) is facilitated by Blue Spiral Consulting from North Carolina.
Engaging **t**o **B**uild **T**rust is part of the Engagement Foundation training through the Wisconsin Child Welfare Professional Development Systems (WCWPDS).
AR **P**re-Ser**vice an**d **special t**op**ic m**odules are online training available from WCWPDS.
Motivat ion**al In**terviewing and Traum**a In**formed **P**ract ice can include online or in-person training through WCWPDS or another facilitator.

AR **q**uest ions

Th**e n**ext **it**em**s ask ab**out **yo**ur **exp**erien**ce w**ith **A**lternat**ive R**espon**se (**AR).

Were you working at your agency before AR was implemented?

- ○ Yes
- ○ No

Since the launch of AR, how has the following changed?

| | Significantly Better | Better | Did Not Change | Worse | Significantly Worse | Not sure |
|---|---|---|---|---|---|---|
| A family's access to services | ○ | ○ | ○ | ○ | ○ | ○ |
| A family's cooperation with CPS | ○ | ○ | ○ | ○ | ○ | ○ |
| A family's engagement in case plans and goals | ○ | ○ | ○ | ○ | ○ | ○ |
| A worker's ability to address child safety concerns | ○ | ○ | ○ | ○ | ○ | ○ |
| Collaboration with schools | ○ | ○ | ○ | ○ | ○ | ○ |
| Collaboration with law enforcement | ○ | ○ | ○ | ○ | ○ | ○ |
| Collaboration with service providers | ○ | ○ | ○ | ○ | ○ | ○ |
| The amount of time initial assessment workers spend "chasing" families (phone calls, visits, etc.) | ○ | ○ | ○ | ○ | ○ | ○ |
| The amount of time you spend on paperwork | ○ | ○ | ○ | ○ | ○ | ○ |

| | Significantly Better | Better | Did Not Change | Worse | Significantly Worse | Not sure |
|---|---|---|---|---|---|---|
| Your sense of fulfillment from your job | ○ | ○ | ○ | ○ | ○ | ○ |

Feel free to comment or explain any of your answers from the above section.

Indicate the extent to which you agree or disagree with the following statements:

| | Strongly Agree | Agree | Disagree | Strongly Disagree | Not applicable/ Not sure |
|---|---|---|---|---|---|
| Families are more cooperative in the AR track than they would be in the TR track. | ○ | ○ | ○ | ○ | ○ |
| My agency makes consistent choices about track assignments in most cases. | ○ | ○ | ○ | ○ | ○ |
| Sometimes I feel like I can't do as much to address child safety in AR cases as in TR cases. | ○ | ○ | ○ | ○ | ○ |
| I understand the timelines and other requirements for AR and TR cases. | ○ | ○ | ○ | ○ | ○ |
| If I had to look for a new job at another CPS agency, I would specifically want to work in an agency that had AR. | ○ | ○ | ○ | ○ | ○ |

Feel free to comment or explain any of your answers from the above section.

My supervisor(s) listens to me if I have a concern about track assignment.

- ○ Strongly Agree
- ○ Agree
- ○ Disagree
- ○ Strongly Disagree
- ○ Not Applicable/Not Sure

The staff I supervise understand the requirements and policies of Alternative Response.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- Not Applicable/Not Sure

Please answer the extent to which you agree or disagree with the following questions:

| | Strongly Agree | Agree | Disagree | Strongly Disagree | Not applicable/ Not sure |
|---|---|---|---|---|---|
| My agency makes consistent choices about track assignments in cases. | | | | | |
| It may be difficult to keep some children safe using alternative response. | | | | | |
| I understand the timelines and other requirements for AR and TR cases. | | | | | |
| If I had to change CPS agencies I would specifically want to work in an agency that had AR. | | | | | |

Feel free to comment or explain any of your answers from the above section.

The following is a list of common risk and safety considerations that arise in CPS cases. On a scale of 1-5, rate the likelihood that a case like this would be placed in the AR track in your agency. Then, on a scale of 1-5, indicate whether you agree with this decision or not.

| | Likelihood of AR track in your agency | | | | | Do you agree with this decision? | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Unlikely | 2 | 3 | 4 | Very Likely | Strongly Disagree | 2 | 3 | 4 | Strongly Agree |
| Signficant drug use | | | | | | | | | | |
| Significant domestic violence | | | | | | | | | | |
| Extremely uncooperative caregiver(s) | | | | | | | | | | |
| Concerns about worker safety | | | | | | | | | | |
| Known or strongly suspected drug dealing | | | | | | | | | | |
| Family has had multiple contacts with CPS | | | | | | | | | | |

| | Likelihood of AR track in your agency | | | | | Do you agree with this decision? | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Unlikely | 2 | 3 | 4 | Very Likely | Strongly Disagree | 2 | 3 | 4 | Strongly Agree |
| Known law enforcement involvement | | | | | | | | | | |
| Known or strongly suspected mental health concerns | | | | | | | | | | |

Feel free to comment or explain any of your answers from the above section.

## Workplace Environment, Job Sat, ITQ & Brief Resilience Scale

Please indicate how much you agree or disagree with the following statements about your workplace.

At my workplace...

| | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |
|---|---|---|---|---|---|
| People take pride in their work. | | | | | |
| People support each other. | | | | | |
| People communicate well. | | | | | |
| People are friendly. | | | | | |
| Leaders value input from staff. | | | | | |
| Leaders communicate effectively with staff. | | | | | |
| Leaders treat staff with respect. | | | | | |
| Leaders care about staff as people. | | | | | |
| Staff receive praise or recognition for good work. | | | | | |
| Staff treat leaders with respect. | | | | | |
| Staff get along well with each other. | | | | | |
| Staff morale is high. | | | | | |
| There are opportunities for career advancement. | | | | | |
| Hard work is rewarded. | | | | | |

| | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |
|---|---|---|---|---|---|
| The pay and benefits are good. | ○ | ○ | ○ | ○ | ○ |
| This is a good place to work. | ○ | ○ | ○ | ○ | ○ |
| | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |

Overall, how satisfied are you with your job?

- ○ Very dissatisfied
- ○ Dissatisfied
- ○ Neither satisfied nor dissatisfied
- ○ Satisfied
- ○ Very satisfied

How likely is it that you will leave your agency in the next 12 months?

- ○ Not at all likely
- ○ Unlikely
- ○ Somewhat likely
- ○ Likely
- ○ Very Likely

Please rate how strongly you agree or disagree with each statement below.

| | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|---|---|---|---|---|---|
| I tend to bounce back quickly after hard times | ○ | ○ | ○ | ○ | ○ |
| I have a hard time making it through stressful events | ○ | ○ | ○ | ○ | ○ |
| It does not take me long to recover from a stressful event | ○ | ○ | ○ | ○ | ○ |
| It is hard for me to snap back when something bad happens | ○ | ○ | ○ | ○ | ○ |
| I usually come through difficult times with little trouble | ○ | ○ | ○ | ○ | ○ |
| I tend to take a long time to get over set-backs in my life | ○ | ○ | ○ | ○ | ○ |

## Copenhagen Burnout Inventory

The next questions relate to how you feel on a day-to-day basis:

| | Never | Seldom | Sometimes | Often | Always |
|---|---|---|---|---|---|
| How often do you feel tired? | ○ | ○ | ○ | ○ | ○ |
| How often are you physically exhausted? | ○ | ○ | ○ | ○ | ○ |

| | Never | Seldom | Sometimes | Often | Always |
|---|---|---|---|---|---|
| How often are you emotionally exhausted? | ○ | ○ | ○ | ○ | ○ |
| How often do you think: "I can't take it anymore"? | ○ | ○ | ○ | ○ | ○ |
| How often do you feel worn out? | ○ | ○ | ○ | ○ | ○ |
| How often do you feel weak or susceptible to illness? | ○ | ○ | ○ | ○ | ○ |
| Do you feel worn out at the end of the working day? | ○ | ○ | ○ | ○ | ○ |
| Are you exhausted in the morning at the thought of another day at work? | ○ | ○ | ○ | ○ | ○ |
| Do you feel that every working hour is tiring for you? | ○ | ○ | ○ | ○ | ○ |
| Do you have enough energy for family and friends during leisure time? | ○ | ○ | ○ | ○ | ○ |
| | Never | Seldom | Sometimes | Often | Always |

| | To a Very Low Degree | To a Low Degree | Somewhat | To a High Degree | To a Very High Degree |
|---|---|---|---|---|---|
| Is your work emotionally exhausting? | ○ | ○ | ○ | ○ | ○ |
| Do you feel burnt out because of your work? | ○ | ○ | ○ | ○ | ○ |
| Does your work frustrate you? | ○ | ○ | ○ | ○ | ○ |

Are you tired of working with clients?

- ○ Always
- ○ Often
- ○ Sometimes
- ○ Seldom
- ○ Never

| | To a Very Low Degree | To a Low Degree | Somewhat | To a High Degree | To a Very High Degree |
|---|---|---|---|---|---|
| Do you find it hard to work with clients? | ○ | ○ | ○ | ○ | ○ |
| Do you find it frustrating to work with clients? | ○ | ○ | ○ | ○ | ○ |
| Does it drain your energy to work with clients? | ○ | ○ | ○ | ○ | ○ |
| Do you feel that you give more than you get back when you work with clients? | ○ | ○ | ○ | ○ | ○ |

Services

The final section of this survey focuses on service in your community. We'd like you to focus on service needs for families involved in the child welfare system as well as those families who may be at risk of CPS involvement in the future.

Rate the extent to which the following services are available to families in your community.

Limited availability means that clients are often placed on waitlists or that several providers are contacted before finding available services.
No or almost no availability means many families that need this service go without it or must find the service outside your community.

| | Adequate availablity | Limited availabity | No or almost no availablity |
|---|---|---|---|
| AODA detox facilities | ○ | ○ | ○ |
| AODA residential and long-term treatment | ○ | ○ | ○ |
| Adult mental health- counseling | ○ | ○ | ○ |
| Adult mental health- residential and intensive treatment | ○ | ○ | ○ |
| Child mental health- counseling | ○ | ○ | ○ |
| Child mental health- residential and intensive treatment | ○ | ○ | ○ |
| Women's and reproductive health | ○ | ○ | ○ |
| | Adequate availablity | Limited availabity | No or almost no availablity |
| Other health care | ○ | ○ | ○ |
| Dental Care | ○ | ○ | ○ |
| Housing placement services | ○ | ○ | ○ |
| Financial assistance for rent and utilities | ○ | ○ | ○ |
| Emergency shelters | ○ | ○ | ○ |
| Affordable housing | ○ | ○ | ○ |
| Public transportation | ○ | ○ | ○ |
| | Adequate availablity | Limited availabity | No or almost no availablity |
| Other transportation services | ○ | ○ | ○ |
| Food and clothing pantries | ○ | ○ | ○ |
| Baby supplies | ○ | ○ | ○ |
| Child care | ○ | ○ | ○ |
| Continuing education | ○ | ○ | ○ |
| Job placement services | ○ | ○ | ○ |
| Vocational training | ○ | ○ | ○ |
| | Adequate availablity | Limited availabity | No or almost no availablity |
| Legal services | ○ | ○ | ○ |
| Domestic violence services | ○ | ○ | ○ |
| Batterer intervention programs | ○ | ○ | ○ |
| Parenting classes | ○ | ○ | ○ |
| Home visiting parenting programs | ○ | ○ | ○ |

| | Adequate availablity | Limited availabity | No or almost no availablity |
|---|---|---|---|
| Services for adults and children with disabilities | ○ | ○ | ○ |

Thinking about the list of services above, select the top five services that you feel need the most improvement in your community.

#1 Service priority

▼

#2 Service priority

▼

#3 Service priority

▼

#4 Service priority

▼

#5 Service priority

▼

If there are other gaps in service that were not represented by the choices listed above, please describe them below:

Feel free to explain or comment on your responses about services here.

This is the last question of the survey. Is there anything else that you think it is important for us to know about your county's child welfare system?

# Appendix B-3:
# Community Partner Survey Instrument

Note: This is a web-based survey with embedded skip logic. The formatting of the paper copy may appear different than the online version.

AR **C**onsent **C**ommunity

Consent to Participate in the Wisconsin Alternative Response Evaluation

The University of Wisconsin-Milwaukee (UWM) has partnered with Wisconsin's Department of Children and Families (DCF) to evaluate the implementation of Alternative Response (AR), a major Child Welfare system reform. As part of this evaluation, we are surveying staff from community agencies that sometimes come in contact with families involved in the child welfare system. You were identified by your county CPS agency as someone who works with CPS families and who most likely is familiar with AR. The purpose of this voluntary survey is to better understand the perceptions of community agency staff related to their experiences with the CPS agency generally as well Alternative Response specifically. The overall evaluation goals are to describe the implementation of AR and to assess the extent to which AR is associated with positive outcomes such as child safety and well-being, family engagement, worker satisfaction, and community engagement.

This survey will ask questions about your experience and perception of the CPS agency and AR, as well as questions about service access and gaps for families. It also asks about your background such as your educational level, race, and ethnicity. Information you provide will be used for program improvement and academic purposes (such as professional presentations or publishing in journals). It will not be presented in a form that includes your name or any other information that would identify you directly. We estimate that it will take no more than 10 minutes to complete the survey.

Your participation in this evaluation research project is voluntary, and your survey responses are confidential. Your decision to participate or not will not affect your employment status, and your employer will not know whether or not you have participated.

You can skip any question you do not feel comfortable answering. You can also stop taking the survey at any point. Only the evaluation team from UWM (Colleen Janczewski, Joshua Mersky, and Madeline McAteer) will have access to your information. However, the Institutional Review Board at UWM or appropriate federal agencies like the Office for Human Research Protections may review this study's records.

This survey records identifying information such as your email address and agency. This allows us to track participation by county. The research team will remove identifying information from the survey data set once it has been downloaded from the server. We will save a limited amount of personal information (email, role, and agency) in a separate and secure master file along with an identification number which will be used to match surveys to other data files.

Online responses will be saved on the survey's server until the survey closes. At this time, UWM evaluation staff will download the files and the online records will be deleted. However, online data may exist on server logs after the survey closes. Evaluation staff at UWM will store survey data on a password protected, encrypted mapped storage system until one year after study completion, at which time the information will be destroyed.

Risks to participants are considered minimal. Taking a survey online involves the same risks you would encounter in everyday use of the internet, such as a breach of confidentiality. While the researchers have taken every reasonable step to protect your confidentiality, there is always the possibility of interception or hacking of the data by third parties that is not under the control of the research team. If you complete the survey on a public or shared computer, there is a risk that others will see your responses. If you are concerned about this risk, we recommend that you complete the survey on a private or personal computer.

If you have any questions, please contact:
Madeline McAteer, Project Coordinator: 414-229-2403; mcateerm@uwm.edu
Or

UWM IRB at 414-229-3173 or irbinfo@uwm.edu.

## Please click the "Yes, I consent" button to begin the survey.

Note: *You do not have to complete the survey in one sitting. If you need to stop, close out and use the same link to access the survey. It will start where you left off.*

- ○ Yes, I consent to participate
- ○ No, I do not wish to participate

Demographics

A. **Please tell us a little bit about yourself.**

When were you born?

Month

▼

Year

▼

How would you describe your race? You may choose more than one.

- ☐ Black / African American
- ☐ Hispanic / Latino
- ☐ Asian or Pacific Islander
- ☐ Caucasian / White
- ☐ American Indian or Alaskan Native

How do you identify your gender?

- ○ Male
- ○ Female
- ○ Other

Indicate your highest level of education:

- ○ High school degree or equivalent (e.g. GED)
- ○ Some college credit, no degree
- ○ Associate's degree
- ○ Bachelor's degree

- ○ Some graduate school credit, no degree
- ○ Completed graduate school

## Job Activities

Please select the choice that best describes your agency.

- ○ Law Enforcement
- ○ Court System
- ○ School System
- ○ Non-profit Service Provider
- ○ Other. Please specify

Please select the choice that best describes your role or position

- ○ I work directly with individuals
- ○ I serve as a supervisor
- ○ I work as an administrator, manager, or director
- ○ Other, please specifiy

When did you start working in your current position?

Month

▼

Year

▼

On a scale of 0 (none) to 10 (very high), indicate the amount of stress on your job.

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|
| ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

Please indicate how much you agree or disagree with the following statements about your workplace.

At my workplace...

| | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |
|---|---|---|---|---|---|
| People take pride in their work. | ○ | ○ | ○ | ○ | ○ |

| | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |
|---|---|---|---|---|---|
| People support each other. | | | | | |
| People communicate well. | | | | | |
| People are friendly. | | | | | |
| Leaders value input from staff. | | | | | |
| Leaders communicate effectively with staff. | | | | | |
| Leaders treat staff with respect. | | | | | |
| Leaders care about staff as people. | | | | | |
| Staff receive praise or recognition for good work. | | | | | |
| Staff treat leaders with respect. | | | | | |
| Staff get along well with each other. | | | | | |
| Staff morale is high. | | | | | |
| There are opportunities for career advancement. | | | | | |
| Hard work is rewarded. | | | | | |
| The pay and benefits are good. | | | | | |
| This is a good place to work. | | | | | |
| | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |

AR **q**uestions- **C**ommunit**y Mem**bers

Now **we have so**me **q**uestion**s ab**out **yo**ur **exp**erien**ce w**ith **t**h**e C**PS **ag**en**cy an**d **A**lternat**ive R**esponse.

Rate your level knowledge in the following areas.

| | I have sufficient knowledge | I would like more information | This topic is not relevant to my work |
|---|---|---|---|
| Assessing and responding to family trauma | | | |
| Increasing family engagement and cooperation in my agency's work | | | |
| CPS practices and policies | | | |
| Family substance abuse issues | | | |
| Family mental health needs | | | |
| Poverty | | | |
| Employment and education opportunities for caregivers | | | |

| | I have sufficient knowledge | I would like more information | This topic is not relevant to my work |
|---|---|---|---|
| Child development | ○ | ○ | ○ |
| Parenting | ○ | ○ | ○ |

How frequently do you have direct contact with staff from your county's public child welfare system?

- ○ Daily or almost daily
- ○ About once a week
- ○ Several times a month
- ○ Several times a year
- ○ Once a year or less

Rate the following statements on the extent to which they reflect your ownexperience with the public child welfare agency in your community.

| | True | Not True | Not sure or doesn't apply |
|---|---|---|---|
| CPS staff get back to me quickly if I reach out to them with questions or requests. | ○ | ○ | ○ |
| Sometimes I get the sense that CPS staff do not understand my agency's role. | ○ | ○ | ○ |
| CPS staff are professional in their communication with me. | ○ | ○ | ○ |
| Sometimes I feel that CPS staff prioritize family needs over child safety. | ○ | ○ | ○ |
| Sometimes I feel that CPS staff prioritize child safety and do not consider family needs. | ○ | ○ | ○ |
| The child welfare agency usually makes good decisions in CPS cases. | ○ | ○ | ○ |
| CPS staff should utilize the supports and services available at my agency more often. | ○ | ○ | ○ |
| CPS staff should utilize the supports and services available in other community agencies more often. | ○ | ○ | ○ |

Feel free to explain any of your responses from above or comment generally about your experience working with the child welfare system in your county.

What is your familiarity with Alternative Response?

- ○ None at all, I have never heard of it.
- ○ I have heard of it, but don't really know what it is.
- ○ I am familiar with AR.

Did you attend the CPS led Alternative Response Community Meeting? Some counties held these meetings when they launched AR to explain changes to community stakeholders.

- ○ I was not aware of a community meeting

- ○ No, I did not attend
- ○ Yes

Indicate the extent to which you agree with the following statements.
NOTE: In AR cases, CPS does not (1) launch an investigation, (2) reach a decision of substantiated/unsubstantiated, or (3) identify and register a perpetrator. In both AR and investigative cases, CPS does (1) require safety assessments and (2) progress to court involvement and intensive responses as needed. Cases are able to switch between AR and investigation as needed.

| | Strongly Agree | Agree | Disagree | Strongly Disagree | Not Sure |
|---|---|---|---|---|---|
| CPS can ensure child safety in Alternative Response cases just as well as in cases that receive an investigation. | ○ | ○ | ○ | ○ | ○ |
| CPS cases in which law enforcement is involved should always be investigated. | ○ | ○ | ○ | ○ | ○ |
| CPS cases in which a family has frequent CPS reports to CPS should always be investigated. | ○ | ○ | ○ | ○ | ○ |
| Families with IV drug use can still be served through alternative response. | ○ | ○ | ○ | ○ | ○ |

Overall, do you think it is a good idea for child welfare systems to have the option to respond to CPS cases without launching an investigation?

- ○ Strongly Agree
- ○ Agree
- ○ Disagree
- ○ Strongly disagree
- ○ Not sure

Feel free to comment or explain any of your answers about Alternative Response from the above section.

The final section of this survey focuses on service in your community. We'd like you to focus on service needs for families involved in the child welfare system as well as those families who may be at risk of CPS involvement in the future.

Rate the extent to which the following services are available to families in your community.

Limited availability means that clients are often placed on waitlists or that several providers are contacted before finding available services.
No or almost no availability means many families that need this service go without it or must find the service outside your community.

| | Adequate availablity | Limited availabity | No or almost no availablity |
|---|---|---|---|
| AODA detox facilities | ○ | ○ | ○ |
| AODA residential and long-term treatment | ○ | ○ | ○ |
| Adult mental health- counseling | ○ | ○ | ○ |
| Adult mental health- residential and intensive treatment | ○ | ○ | ○ |
| Child mental health- counseling | ○ | ○ | ○ |
| Child mental health- residential and intensive treatment | ○ | ○ | ○ |
| Women's and reproductive health | ○ | ○ | ○ |
| | Adequate availablity | Limited availabity | No or almost no availablity |
| Other health care | ○ | ○ | ○ |
| Dental Care | ○ | ○ | ○ |
| Housing placement services | ○ | ○ | ○ |
| Financial assistance for rent and utilities | ○ | ○ | ○ |
| Emergency shelters | ○ | ○ | ○ |
| Affordable housing | ○ | ○ | ○ |
| Public transportation | ○ | ○ | ○ |
| | Adequate availablity | Limited availabity | No or almost no availablity |
| Other transportation services | ○ | ○ | ○ |
| Food and clothing pantries | ○ | ○ | ○ |
| Baby supplies | ○ | ○ | ○ |
| Child care | ○ | ○ | ○ |
| Continuing education | ○ | ○ | ○ |
| Job placement services | ○ | ○ | ○ |
| Vocational training | ○ | ○ | ○ |
| | Adequate availablity | Limited availabity | No or almost no availablity |
| Legal services | ○ | ○ | ○ |
| Domestic violence services | ○ | ○ | ○ |
| Batterer intervention programs | ○ | ○ | ○ |
| Parenting classes | ○ | ○ | ○ |
| Home visiting parenting programs | ○ | ○ | ○ |
| Services for adults and children with disabilities | ○ | ○ | ○ |

Thinking about the list of services above, select the top five services that you feel need the most improvement in your community.

#1 Service priority

▼

#2 Service priority

#3 Service priority

#4 Service priority

#5 Service priority

If there are other gaps in service that were not represented by the choices listed above, please describe them below:

Feel free to explain or comment on your responses about services here.

This is the last question of the survey. Is there anything else that you think it is important for us to know about your county's child welfare system?

# Appendix B-4:
# Document Review Summary

# WISCONSIN ALTERNATIVE RESPONSE EVALUATION

## Document Review Coversheet

### Instructions:

In the table below, list the materials you have included in your document review. Many of your documents may not need long descriptions, but in some cases, it may be helpful for you to provide us some background about how you use the document or what changed because of AR. We have provided a couple of examples at the top of the sheet for your reference.

| Document Title and Date Created | Brief description & additional information about the document |
|---|---|
| (Example)<br>Talking points for AR families<br>Aug 2016 | We created this at the request of our IA staff who wanted to know how to talk about AR with families. Staff relied on it mostly when we first launched AR. They would bring it on their first visit. |
| (Example)<br>County Policy Manual<br>Revised July 2015 | See pg. 7, 10, and 13-15 for language that was added when we launched AR. |
| | |
| | |
| | |
| | |
| | |
| | |

**Return the coversheet and your attached documents** before January 1, 2017. And please send us new documents at any time! Send the materials either by email or mail.

**mcateerm@uwm.edu**

**Madeline McAteer**
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**University of Wisconsin-Milwaukee**
**PO Box 786**
**Milwaukee, WI 53201**

**THANK YOU FOR YOUR COOPERATION!**

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# Appendix B-5:
# Focus Group Guide

NOTE: Interview guide for supervisors and administrators contains similar, but slightly different questions

**Wisconsin's Alternative Response Evaluation**
**Focus Group Guide**

**Materials**: Recorder, 2 copies of the consent per participant, interview guide, notebook/laptop, name tags, business cards

**Suggested talking points for introduction**

- *Introduce yourself*

  Thank you for this opportunity to speak with you today. Before we begin, I need to make sure I have your consent to interview you.

- *Give copy of consent form. Let them read / go over together. Important elements include:*
  - *Purpose of study,*
  - *Data confidentiality and protection,*
  - *Voluntary nature of the interview,*
  - *Who to contact with questions or concerns.*

- *Give some additional ground rules for the group:* "I also want to recognize that you are coworkers and I will be asking questions that relate to your job. Some of this may be sensitive information. Please do not talk about what was shared in this group with anyone after we are finished. If you would like to discuss something with the evaluation team that you do not feel comfortable sharing in a group setting, feel free to contact us directly."

- *Ask* "Do I have permission to use a tape recorder during this focus group?" *If yes,* "Ok, I will begin recording now." *Start audio recording with date, location, # focus group ID #.*

***[Questions on back of this sheet]***

**Focus group questions…**

1. First, can let's go around the table and let me know what your position is and how long you've worked here.

2a. I'd like to know about the planning process for AR. (For those of you who were here then,) how did your agency prepare for the launch of AR?

2b. What were the biggest changes to your agency as it launched AR?

2c. Thinking about the planning process, is there anything that was particularly important or helpful? Were there supports or information that you wish you had during the planning process?

3. Tell me a little bit more about how you decide a case should go to AR. Are there cases when it's difficult to know which is the right response for a family? *[Probe: Do you have any thoughts on specific reasons a family should or should not be placed in the AR pathway?]*

4. For families that now enter the AR pathway, how is their experience different than it would be if they were served through a traditional response? [In other words, if they had an investigation] [Note: We want to focus on themes related to family engagement but try to avoid using that term. Instead, use probes such as, are families more receptive to workers, do they seem more engaged in meeting goals, are they more likely to follow up on referrals?]

5. What about families that still are served by a traditional response? Has the adoption of AR changed the way initial assessment workers serve those higher risk families?

6. What services are most commonly needed by families in AR? Are the service needs different for TR families?

7. Are there major service shortages in your county? (What are they?)

8. Has the launch of AR changed the availability of services? Has it changed the likelihood that a family accesses a service or follows up on a referral?

9. Has the launch of AR changed the way your agency works with other public agencies, such as law enforcement and schools? Has it changed the way you work with community service providers?

10. Are there other agencies or service providers in your county that are very supportive of AR? (Probe: How so/Why do you think that is?) Are there agencies or providers that seem to be reluctant to support the AR approach? (Probe: How so/Why?)

11. Do you have advice or lessons to share with professionals in other counties thinking about transitioning to AR?

12. Is there anything else about AR or your agency that you would like to share with me at this time?

# Appendix C:
# CPS and Community Survey Samples
# Descriptive Information

CPS and Community Survey Samples: Descriptive Information

| | AR (N = 256) % | Non-AR (N = 704) % | Community (N = 154) |
|---|---|---|---|
| Race/ethnicity | | | |
| Black | 0.8 | 6.8** | 0 |
| Hispanic | 1.7 | 2.4 | 0.6 |
| Asian | 1.7 | 0.2** | 0 |
| White | 93.0 | 86.1** | 94.8 |
| American Indian | 0.4 | 0.9 | 2.6 |
| Other | 2.5 | 3.6 | 1.9 |
| Female | 93 | 88.4* | 66.0 |
| Education | | | |
| Less than bachelor | 3.3 | 1.7 | 14.9 |
| Bachelor | 49.8 | 53.8 | 13.6 |
| Some graduate school | 13.2 | 10.8 | 6.5 |
| Completed graduate school | 33.7 | 33.7 | 64.9 |
| CPS Staff Role | | | |
| Access worker | 9.4 | 5.3* | |
| Initial assessment | 39.8 | 23.3** | |
| Ongoing worker | 30.7 | 36.2 | |
| Supervisor | 15.2 | 14.9 | |
| Other | 4.9 | 20.3** | |
| Community Partner Role | | | |
| Work directly with individuals | | | 50.7 |
| Supervisor | | | 9.9 |
| Administrator/mgr/director | | | 25.7 |
| Other | | | 13.8 |
| Agency | | | |
| Law enforcement | | | 19.1 |
| Court system | | | 7.2 |
| School system | | | 32.2 |
| Non-profit service provider | | | 22.4 |
| Other | | | 19.1 |

* $p < 0.05$; ** $p < 0.01$ significant testing only between AR and non-AR staff samples

# Appendix D:
# Service Priority Rankings in AR Counties

Respondents were asked to select the top five services that they felt needed the most improvement in their community. We transformed these responses by county into a score of 1 to 25, with 1 representing the service reported as the highest priority for needing improvement.

| | Total N=250 | Barron N=11 | Brown N=29 | Calumet N=7 | Chippewa N=4 | Dodge N=9 |
|---|---|---|---|---|---|---|
| AODA residential and long term treatment | 1 | 2 | 1 | 3 | 1 | 3 |
| Affordable housing | 2 | 1 | 2 | 5 | 5 | 4 |
| Child mental health: Residential/intensive treatment | 3 | 3 | 4 | 3 | 2 | 6 |
| Child mental health: Counseling | 4 | 9 | 7 | 2 | 5 | 15 |
| AODA detox facilities | 5 | 6 | 5 | 8 | 11 | 10 |
| Adult mental health: Counseling | 6 | 8 | 9 | 12 | 11 | 11 |
| Financial assistance for rent and utilities | 7 | 9 | 6 | 14 | 7 | 20 |
| Adult mental health: Residential/intensive treatment | 8 | 15 | 9 | 14 | 11 | 12 |
| Emergency shelters | 9 | 11 | 3 | 18 | 10 | 9 |
| Home visiting programs for parents | 10 | 7 | 7 | 5 | 3 | 2 |
| Public transportation | 11 | 4 | 14 | 1 | 4 | 7 |
| Parenting classes | 12 | 14 | 12 | 18 | 11 | 1 |
| Services for adults and children with disabilities | 13 | 13 | 16 | 5 | 11 | 18 |
| Dental care | 14 | 18 | 16 | 10 | 11 | 5 |
| Domestic violence services for perpetrators | 15 | 11 | 21 | 17 | 7 | 15 |
| Legal services | 16 | 18 | 13 | 8 | 11 | 20 |
| Child care | 17 | 18 | 11 | 18 | 11 | 15 |
| Job placement services | 18 | 17 | 18 | 14 | 7 | 7 |
| Domestic violence services for victims | 19 | 18 | 23 | 18 | 11 | 20 |
| Other transportation services | 20 | 5 | 18 | 18 | 11 | 20 |
| Vocational training | 21 | 18 | 21 | 18 | 11 | 12 |
| Food and clothing pantries | 22 | 18 | 23 | 10 | 11 | 20 |
| Baby supplies | 23 | 18 | 18 | 12 | 11 | 12 |
| Other health care | 24 | 15 | 14 | 18 | 11 | 20 |
| Adult continuing education | 25 | 18 | 23 | 18 | 11 | 18 |
| Women reproductive health | 26 | 18 | 23 | 18 | 11 | 20 |

| | Douglas N=5 | Eau Claire N=12 | Fond du Lac N=18 | Green Lake N=4 | Jefferson N=8 | La Crosse N=23 |
|---|---|---|---|---|---|---|
| AODA residential and long term treatment | 1 | 2 | 2 | 1 | 1 | 1 |
| Affordable housing | 3 | 3 | 4 | 4 | 8 | 2 |
| Child mental health: Residential/intensive treatment | 7 | 6 | 6 | 10 | 4 | 8 |
| Child mental health: Counseling | 4 | 5 | 3 | 6 | 3 | 3 |
| AODA detox facilities | 2 | 22 | 1 | 10 | 16 | 5 |
| Adult mental health: Counseling | 8 | 8 | 6 | 4 | 7 | 4 |
| Financial assistance for rent and utilities | 8 | 1 | 9 | 2 | 10 | 7 |
| Adult mental health: Residential/intensive treatment | 5 | 4 | 8 | 10 | 12 | 6 |
| Emergency shelters | 10 | 9 | 10 | 10 | 6 | 9 |
| Home visiting programs for parents | 13 | 16 | 12 | 10 | 10 | 11 |
| Public transportation | 10 | 9 | 14 | 2 | 2 | 18 |
| Parenting classes | 12 | 7 | 5 | 10 | 15 | 18 |
| Services for adults and children with disabilities | 6 | 13 | 15 | 7 | 16 | 10 |
| Dental care | 13 | 20 | 12 | 10 | 8 | 14 |
| Domestic violence services for perpetrators | 13 | 16 | 20 | 10 | 4 | 12 |
| Legal services | 13 | 16 | 17 | 8 | 16 | 18 |
| Child care | 13 | 13 | 10 | 10 | 12 | 14 |
| Job placement services | 13 | 20 | 20 | 10 | 16 | 13 |
| Domestic violence services for victims | 13 | 13 | 15 | 10 | 12 | 14 |
| Other transportation services | 13 | 9 | 20 | 10 | 16 | 18 |
| Vocational training | 13 | 22 | 17 | 10 | 16 | 18 |
| Food and clothing pantries | 13 | 16 | 20 | 8 | 16 | 18 |
| Baby supplies | 13 | 22 | 20 | 10 | 16 | 18 |
| Other health care | 13 | 9 | 17 | 10 | 16 | 18 |
| Adult continuing education | 13 | 22 | 20 | 10 | 16 | 14 |
| Women reproductive health | 13 | 22 | 20 | 10 | 16 | 18 |

| | Langlade N=3 | Manitowoc N=13 | Marathon N=4 | Outagamie N=28 | Pierce N=11 | Racine N=18 |
|---|---|---|---|---|---|---|
| AODA residential and long term treatment | 1 | 1 | 1 | 5 | 1 | 1 |
| Affordable housing | 5 | 14 | 3 | 1 | 2 | 5 |
| Child mental health: Residential/intensive treatment | 5 | 7 | 6 | 2 | 5 | 2 |
| Child mental health: Counseling | 1 | 2 | 11 | 3 | 9 | 10 |
| AODA detox facilities | 5 | 3 | 2 | 7 | 13 | 12 |
| Adult mental health: Counseling | 5 | 4 | 14 | 10 | 14 | 7 |
| Financial assistance for rent and utilities | 5 | 5 | 14 | 8 | 8 | 7 |
| Adult mental health: Residential/intensive treatment | 5 | 5 | 4 | 6 | 10 | 6 |
| Emergency shelters | 5 | 9 | 9 | 12 | 6 | 14 |
| Home visiting programs for parents | 3 | 11 | 14 | 10 | 14 | 3 |
| Public transportation | 4 | 17 | 11 | 23 | 4 | 17 |
| Parenting classes | 5 | 7 | 14 | 23 | 3 | 4 |
| Services for adults and children with disabilities | 5 | 14 | 14 | 4 | 14 | 15 |
| Dental care | 5 | 17 | 4 | 13 | 14 | 20 |
| Domestic violence services for perpetrators | 5 | 17 | 6 | 17 | 6 | 12 |
| Legal services | 5 | 17 | 14 | 8 | 12 | 20 |
| Child care | 5 | 11 | 14 | 17 | 14 | 22 |
| Job placement services | 5 | 17 | 9 | 14 | 11 | 18 |
| Domestic violence services for victims | 5 | 11 | 14 | 17 | 14 | 7 |
| Other transportation services | 5 | 10 | 11 | 20 | 14 | 18 |
| Vocational training | 5 | 17 | 6 | 15 | 14 | 22 |
| Food and clothing pantries | 5 | 14 | 14 | 16 | 14 | 15 |
| Baby supplies | 5 | 17 | 14 | 23 | 14 | 10 |
| Other health care | 5 | 17 | 14 | 23 | 14 | 22 |
| Adult continuing education | 5 | 17 | 14 | 22 | 14 | 22 |
| Women reproductive health | 5 | 17 | 14 | 20 | 14 | 22 |

| | Sauk N=3 | Waupaca N=13 | Waushara N=4 | Winnebago N=28 |
|---|---|---|---|---|
| AODA residential and long term treatment | N=9 | N=8 | N=7 | N=16 |
| Affordable housing | 3 | 1 | 1 | 1 |
| Child mental health: Residential/intensive treatment | 2 | 11 | 18 | 1 |
| Child mental health: Counseling | 1 | 14 | 9 | 4 |
| AODA detox facilities | 4 | 2 | 5 | 15 |
| Adult mental health: Counseling | 18 | 3 | 9 | 5 |
| Financial assistance for rent and utilities | 9 | 8 | 5 | 17 |
| Adult mental health: Residential/intensive treatment | 9 | 8 | 13 | 7 |
| Emergency shelters | 14 | 11 | 18 | 12 |
| Home visiting programs for parents | 15 | 3 | 18 | 5 |
| Public transportation | 9 | 11 | 15 | 12 |
| Parenting classes | 6 | 6 | 2 | 9 |
| Services for adults and children with disabilities | 5 | 5 | 4 | 21 |
| Dental care | 18 | 18 | 3 | 14 |
| Domestic violence services for perpetrators | 7 | 6 | 9 | 3 |
| Legal services | 7 | 8 | 18 | 17 |
| Child care | 9 | 18 | 13 | 10 |
| Job placement services | 18 | 18 | 18 | 10 |
| Domestic violence services for victims | 15 | 18 | 9 | 19 |
| Other transportation services | 15 | 15 | 5 | 21 |
| Vocational training | 9 | 18 | 16 | 21 |
| Food and clothing pantries | 18 | 18 | 5 | 7 |
| Baby supplies | 18 | 15 | 18 | 21 |
| Other health care | 18 | 17 | 18 | 21 |
| Adult continuing education | 18 | 18 | 16 | 20 |
| Women reproductive health | 18 | 18 | 18 | 15 |

# Appendix E:
# Community Partner Perceptions of CPS

| | Law Enf N = 29 % | Court System N = 11 % | School System N = 49 % | Non-profit N = 34 % | Other N = 29 % |
|---|---|---|---|---|---|
| **Frequency of contact with CPS** | | | | | |
| Once a year or less | 3.6 | 0 | 6.3 | 0 | 3.4 |
| Several times a year | 7.1 | 9.1 | 27.1 | 17.6 | 20.7 |
| Several times a month | 21.4 | 0 | 37.5 | 17.6 | 10.3 |
| About once a week | 32.1 | 27.3 | 16.7 | 17.6 | 3.4 |
| Daily or almost daily | 35.7 | 63.6 | 12.5 | 47.1 | 62.1 |
| **CPS doesn't understand my agency's role** | | | | | |
| Not sure or does not apply | 3.7 | 10.0 | 6.3 | 0 | 6.9 |
| Not true | 66.7 | 60.0 | 43.8 | 51.5 | 51.7 |
| True | 29.6 | 30.0 | 50.0 | 48.5 | 41.4 |
| **CPS prioritizes family needs over child safety** | | | | | |
| Not sure or does not apply | 0 | 20.0 | 10.4 | 14.7 | 13.8 |
| Not true | 66.7 | 40.0 | 35.4 | 50.0 | 62.1 |
| True | 33.3 | 40.0 | 54.2 | 35.3 | 24.1 |
| **CPS usually makes good decisions in cases** | | | | | |
| Not sure or does not apply | 14.8 | 9.1 | 33.3 | 23.5 | 22.2 |
| Not true | 7.4 | 18.2 | 29.2 | 17.6 | 11.1 |
| True | 77.8 | 72.7 | 37.5 | 58.8 | 66.7 |