



# Alternative Response (AR) Evaluation Overview & Highlights

In 2010, the Wisconsin State Legislature approved a pilot initiative to implement Alternative Response (AR) in 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) and adhering to standards for ensuring child safety.

Between 2010 and 2016, the Wisconsin Department of Children and Families (DCF) piloted the implementation of the AR pathway in 22 county CPS agencies. 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 included process and outcome components.

## Outcome Evaluation

The outcome evaluation focused on four other major areas of inquiry: (1) pathway assignment and reassignment, (2) child safety, (3) family engagement, and (4) client experience with services.

## Methods

The Outcome Evaluation focused on pathway assignment and reassignment, child safety, family engagement, and client experience with services. Data sources included secondary analysis of eWisACWIS records from July 1, 2011 to July 31, 2018 and survey data collection (Wisconsin Family Services Survey). Statistical methods were used to compare individuals in Alternative Response (AR) counties pre and post AR implementation, as well as compare individuals on the AR and Traditional Response (TR) pathway in AR counties to individuals in non-AR counties who are similar on case and demographic characteristics.

## Results Highlights

### *Pathway Assignment & Reassignment*

- In practice, initial pathway assignment (completed at Access) followed state policy guidance specific to the AR pilot implementation.
- Pathway assignment (to the AR pathway and TR pathway) is influenced by supervisors. Variation in individual supervisor decision-making contributes more to the differences in pathway assignment than variation among county CPS agencies.
- Assignment to the AR pathway increased in the first three years of AR implementation<sup>1</sup>. After the third year of implementation, assignment to the AR pathway may stabilize or even decrease.
- Pathway reassignment (switching) is influenced by different case and child characteristics.

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<sup>1</sup> Interpretation of this finding is limited by the fact that many counties had not reached three years of implementation during the timeframe represented in the sample.

- Substantiation decisions were not a major catalyst for reassignment from the AR pathway to the TR pathway.
  - The proportion of cases that were substantiated in the reassignment sample (from the AR pathway to the TR pathway) was lower than in the same of cases that were initially assigned and remained in the TR pathway through the initial assessment.
- Variation exists among all counties in regard to initial assignment of case to the AR pathway and reassignment of cases from the TR pathway to the AR pathway.
  - There were no county-level associations between the proportion of cases assigned to the AR pathway at the start of the initial assessment and the proportion of cases reassigned from the TR pathway to the AR pathway.
  - Some counties initial assign more cases to the AR pathway, whereas other counties may take a more gradual approach to assigning and reassigning case to the AR pathway.

### *Child Safety*

- Overall, findings suggest that AR implementation and assignment to the AR pathway have little effect on safety outcomes for children.
- AR implementation may be associated with a change in the approach to safety determinations at the close of an initial assessment that increased the likelihood of unsafe findings, regardless of the pathway assignment.
- The implementation of AR does not increase the likelihood of a child having a subsequent initial assessment; nor does AR implementation change the proportion of subsequent initial assessments with identified danger threats.
- Regardless of pathway assignment, the implementation of AR increased the likelihood of an unsafe finding at the conclusion of the initial assessment in AR counties<sup>2</sup>.
  - Local CPS agency decision-making, influenced by the implementation of AR, may increase the proportion of unsafe determinations on all cases<sup>3</sup>.
  - Compared to similar children in non-AR counties, children on cases assigned to the AR pathway were less likely to be determined unsafe at the conclusion of the initial assessment and children on cases assigned to the TR pathway were more likely to be determined unsafe at the conclusion of the initial assessment.

### *Family Engagement*

- Self-reported family survey results indicate that compared to families in the TR pathway, families in the AR pathway indicate higher rates of satisfaction with and engagement in CPS.
  - Families in the AR pathway indicated a greater understanding of the CPS process, their rights and reported being more involved in case decision-making compared to families in the TR pathway.

### *Service Experience*

- Families in the AR pathway were more likely to receive a referral for a needed services, but families in the TR pathway were more likely to receive a service after a referral was made.

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<sup>2</sup> When compared to the likelihood of unsafe determinations before AR implementation.

<sup>3</sup> Additional analysis is needed.

## Process Evaluation

### Methods

The Process Evaluation focused on the description of AR pilot counties, fidelity to AR policies, provision of services during the Initial Assessment, implementation priorities and activities, and implementation supports. Data sources included a document review, site visits, focus groups, an implementation assessment, a CPS staff survey, and a community partner survey. The results of the Process Evaluation are descriptive and focused on exploring the process of implementation, so statistical techniques do not attempt to measure causal associations but rather describe the experience of AR implementation.

### Results

#### *Description of AR Pilot Counties*

- The population in AR and non-AR counties are similar in terms of race and ethnicity<sup>4</sup>; non-AR counties are more rural and have significantly lower poverty rates.
- AR counties have a higher volume of CPS reports relative to county population, as well as higher substantiation rates for families in the TR pathway.
- The rate of child victims did not differ between AR and non-AR counties, and race and ethnicity characteristics were also similar between the groups.
- A higher percentage (14%) of cases initially screened-in and assigned to the TR pathway were reassigned to the AR pathway and a significantly lower percentage (10%) of cases assigned to the AR pathway were reassigned to the TR pathway.

#### *Fidelity to Wisconsin AR Policies – Pathway Assignment*

- CPS professionals self-reported that child safety and family risk and protective factors were the major criteria used to determine pathway assignment.
- CPS professionals differed in their interpretation of AR policy regarding whether or not all cases with law enforcement involvement must be assigned to and remain in the TR pathway; disagreement also occurred regarding restricting all methamphetamine cases to the TR pathway.
- 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.

#### *Fidelity to Wisconsin AR Policies – Safety Assessments*

- Cases assigned to the AR and TR pathways follow the same safety requirements outlined in the Safety Intervention Standards.
- CPS professional reported the implementation of AR either improved or did not change their ability to assess and address child safety concerns.
- CPS professionals reported that it was often difficult to initiate a face-to-face meeting with the family to discuss the reported concerns within the required response time, even for cooperative families.
- CPS professionals raised concerns about conducting family meetings in cases where domestic violence and physical abuse were the identified safety concerns; additional

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<sup>4</sup> Does not include Milwaukee County data.

training and resources were requested to conduct assessments and gather information in a way that doesn't put the adult or child victim at further risk.

*Fidelity to Wisconsin AR Policies – Maltreatment Determinations & Ongoing CPS Involvement*

- CPS professionals reported that the agency's Ongoing unit should have been more involved in AR training from the beginning of implementation. Having the Ongoing unit engaged in AR planning and initial training would establish a shared philosophy and common language used by all staff.
- CPS professionals expressed that making a substantiation determination in cases assigned to the TR pathway did not improve child safety.

*Services during the Initial Assessment*

- Most counties reported shortages in the availability of services for adult and child mental health and substance abuse.
- Implementation of AR did not result in improved services or access to services for families.
- CPS professionals reported improved family cooperation and follow-through with service plans after the implementation of AR.

*Implementation Priorities & Activities*

- CPS professionals rated cultural responsiveness and staff training as the highest implementation priorities.

*Implementation Support*

- CPS professionals in AR counties found the AR application process, including the readiness assessment, to be a helpful approach to pilot county selection.
- Supervising Safety, Trauma-Informed Care, and Motivational Interviewing were identified as the most helpful trainings to have prior to or during AR implementation.
- Onsite visits and specific tools from external consultants were identified as helpful to cases assigned to both the AR and TR pathways.
- Community stakeholders, including law enforcement, the judicial system, and non-profit organizations, had a positive view of CPS professionals in AR counties<sup>5</sup>.
- Survey and qualitative results indicate a need for ongoing training and communication about AR with community stakeholders.

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<sup>5</sup> Based on a self-report community survey.