



# Wisconsin Alternative Response Pilot

## REPORT TO THE LEGISLATURE

**July 2012**

*State of Wisconsin  
Department of Children and  
Families*

## Table of Contents

Executive Summary .....	4
I. Introduction .....	4
• Overview .....	4
• Child Protective Services in Wisconsin.....	4
• Alternative Response .....	5
• Implementation of AR in Other States .....	5
II. Pilot Initiative .....	7
• Application Process .....	7
• Selection of Pilot Counties.....	7
• Policy Adjustments .....	8
• Operational Considerations .....	11
III. Evaluation of Pilot .....	11
IV. Outcomes from Worker Survey.....	11
• Relative Effectiveness of Alternative Response .....	12
• Availability of Services.....	13
• Worker Perceptions of AR .....	15
V. Outcomes from Family Survey.....	17
• Interactions with Social Workers .....	18
• Service Receipt or Referrals.....	19
• Connection between Services and Family Outcomes .....	20
• Overall Satisfaction.....	21
VI. Process Evaluation .....	22
• Screening and Assessment Process .....	22
• Allegation Type:.....	23
• Families that Accepted or Declined Services .....	25
• Effectiveness of Screening Process in Determining the Appropriate Response... 25	
• Switching Tracks .....	26
VII. Other Outcomes .....	27
• Worker Turnover.....	27
• Out-Of-Home Placements .....	27

- Subsequent Reports..... 28
- Cost-Effectiveness..... 28

RECOMMENDATIONS ..... 30

- Recommendations for Next Steps ..... 30
- Future of Alternative Response in Wisconsin ..... 30

References..... 31

# Executive Summary

## *I. Introduction*

### Overview

Alternative Response (AR) is a relatively new approach to Child Protective Services (CPS) aimed at providing families access to identified services and supports, while simultaneously lowering the adversarial nature and concern experienced during interaction with the system. In the AR system, the focus of case management activity continues to be safety assessment. However, cases with lower levels of assessed risk are better served by a supportive and collaborative, strengths-based approach. To this end, with intent to develop the most appropriate, effective, and least intrusive response to reports of child abuse or neglect, the Legislature authorized the Alternative Response pilot. As required by s.48.981 (3m), this report provides an overview and evaluation of the pilot and recommendations for expansion and research.

### Child Protective Services in Wisconsin

Child Protective Services (CPS) intervention is required, by statute, whenever a report exists that a child may be unsafe, abused or neglected or at risk of maltreatment. The purpose of the CPS system is to identify and alter household conditions that make children unsafe or place them at risk for maltreatment. Services provided by CPS agencies include receipt and thorough assessment of reports of alleged child maltreatment, implementation of safety plans to mitigate risk or imminent danger, and coordination of services for children and families where maltreatment is substantiated or children are assessed to be unsafe.<sup>1</sup>

CPS agencies follow numerous state and federal policies and practice standards in keeping children safe from harm. The CPS process in Wisconsin is a three-part process: Access, Initial assessment, and Ongoing Services. During Access, the agency receives information about suspected child maltreatment from members of the community or mandated reporters. Based on a prescribed set of indicators, the CPS agency determines whether or not the report constitutes an allegation of child maltreatment or threatened harm as defined by Wisconsin statutes. When an allegation rises to this level, the report is screened-in for further assessment. When allegations do not meet these stipulations, the report is screened-out and is no longer part of the CPS process. Despite these conditions, the CPS agency can refer the family to community services or provide voluntary agency services to address family concerns not related to child safety.

Screened-in CPS reports proceed to the Initial Assessment phase of CPS. Using information gathered in the prescribed and systematic Access process, the CPS agency assigns an assessment worker, creates an assessment plan, and designates an appropriate response time (ranging from immediate to within five business days) during which face-to-face contact with the child must occur.

The primary purpose of initial assessment is to ensure child safety and determine the caregiver's capacity to maintain a safe environment for all children living in the household. The CPS initial assessment involves interviews with the child, family, and collateral contacts closely involved with the family.

In addition, information gathered in the initial assessment is used to make decisions about child safety. If an unsafe determination is made, the CPS agency develops a plan to mitigate identified safety concerns, monitors the safety plan for compliance, and opens the case for Ongoing CPS

services. Depending on the situation, the family involved voluntarily participates in CPS services or is court-ordered to participate. If the agency determines all children residing in the household are safe, the case can be closed. However, the CPS agency maintains discretion to refer the family to community or voluntary services within the agency to address concerns not related to child safety.<sup>i</sup>

## **Alternative Response**

Whereas in Wisconsin all CPS cases require a comprehensive assessment to ensure children are safe and protected, not all cases require a determination of maltreatment and maltreater for the family to receive services. In fact, these determinations may interfere with service provision by creating an atmosphere that feels adversarial to families. In an effort to engage families in CPS services, Wisconsin's Alternative Response pilot program was launched in July 2010 in Milwaukee, La Crosse, Marathon, Eau Claire, and Pierce counties. In 2011, the Governor's budget allowed for expansion of Alternative Response beyond the original pilot sites. Barron, Chippewa, Dodge, Douglas, Langlade, Sauk, Waushara, and Winnebago counties became AR sites on January 1, 2012.

The Alternative Response approach encourages staff to use a non-adversarial, non-threatening family assessment approach and avoids making an abuse determination, while still ensuring safety. The worker and family partner with the shared goal of ensuring child safety and addressing family well being. The program's goal is to provide families with access to resources intended to decrease the identified safety risks to children in the household by connecting the family to community organizations and service providers. The access to resources works to prevent future intervention by child protective services.

Essential to an Alternative Response-approach is to understand the family's strengths while simultaneously understanding their challenges. The worker and family collaborate using a strengths-based approach to identify formal and informal supports. Members of the family are active participants in the planning stage which promotes greater buy-in. Active family involvement promotes a safe environment for the child that is sustainable beyond involvement of the county, thereby reducing recidivism.

For reports that have been screened in for a CPS response, initial assignment to a Traditional Response (TR) or Alternative Response depends on an array of factors (e.g., presence of imminent danger, level of risk, the number of previous reports, the source of the report, and/or presenting case characteristics such as type of alleged maltreatment and age of the alleged victim). Assignment to the Traditional or Alternative approach can change based on new information that alters safety threats or levels of risk.

Reports assigned to Alternative Response receive the same prompt and active attention as a Traditional Response. These are not low priority cases; rather, they can be served more effectively with a supportive, collaborative approach.<sup>i</sup>

## **Implementation of AR in Other States**

Alternative Response (AR) (also called Differential Response, Dual Track, Multiple Track or Multiple Response Systems) was first implemented in a few states in the 1990's.<sup>ii</sup> Figure 1 shows that many states have redesigned their child welfare systems to include the flexibility to respond to families without the constraints of a traditional investigation.<sup>iii</sup> While implementation strategies vary, AR includes the following key components:

1. The use of two or more discrete responses of intervention

2. The creation of multiple responses for reports of maltreatment that are screened in and accepted for response
3. The determination of the response assignment by the presence of imminent danger, level of risk, and existing legal requirements
4. The capacity to re-assign families to a different pathway in response to findings from initial investigation or assessment (e.g., a family in the alternative response pathway could be re-assigned to the investigation pathway if the level of risk to the child is higher than originally determined)
5. The establishment of multiple responses is codified in statute, policy, and/or protocols
6. Families in the assessment pathway may refuse services without consequence as long as child safety is not compromised
7. No formal determination of maltreatment for families in an assessment pathway, and services offered to such families without any such determination
8. No listing of a person in an assessment pathway as a child maltreatment perpetrator in the state's central registry<sup>iv</sup>

In 1993 both Florida and Missouri passed legislation which recognized that CPS systems needed to be more responsive by understanding the unique needs of the family and that child safety risk varies on a case-by-case basis.<sup>iii</sup> Missouri piloted Alternative Response in 14 counties and by 1999 implemented state-wide.<sup>iii</sup> Other states that implemented Alternative Response in the 1990's included Oklahoma, Virginia and Washington.<sup>iii</sup>

Figure 1: Current Status of AR Approach by State



Figure 1

Reproduced with permission from the Quality Improvement Center on Differential Response

Some states included Alternative Response in larger reorganizations of their child welfare systems. Other initiatives adopted during the 1990s included family preservation, reunification programs, and family group decision-making, all family-centered child welfare practices.<sup>iii</sup>

The Wisconsin AR pilot was created in response to interest at the county level to address the ability of CPS workers to engage families in ongoing case services despite the oftentimes adversarial relationship between county CPS and families. During the planning stages of the pilot process, DCF worked with American Humane, Casey Family Programs and Appalachian Family Innovations (now Barium Springs for Children) to gather sufficient information to develop an implementation plan.

## ***II. Pilot Initiative***

### **Application Process**

DCF offered counties the opportunity to join the pilot through a competitive site selection process. Counties were asked to provide information about the following areas:

1. Agency Structure and CPS Training and Experience
2. Quality Service Review Findings
3. Proposed Implementation Approach
4. Collaboration

Agencies provided descriptions of their agency structure. Agencies also indicated whether they were a Community Response site. If no Community Response Program existed in their county, agencies included information about any barriers to referring families to community services.

Agencies provided information about any Quality Service Reviews (QSR) or other types of reviews of their agency, including a summary of any findings and technical assistance received.

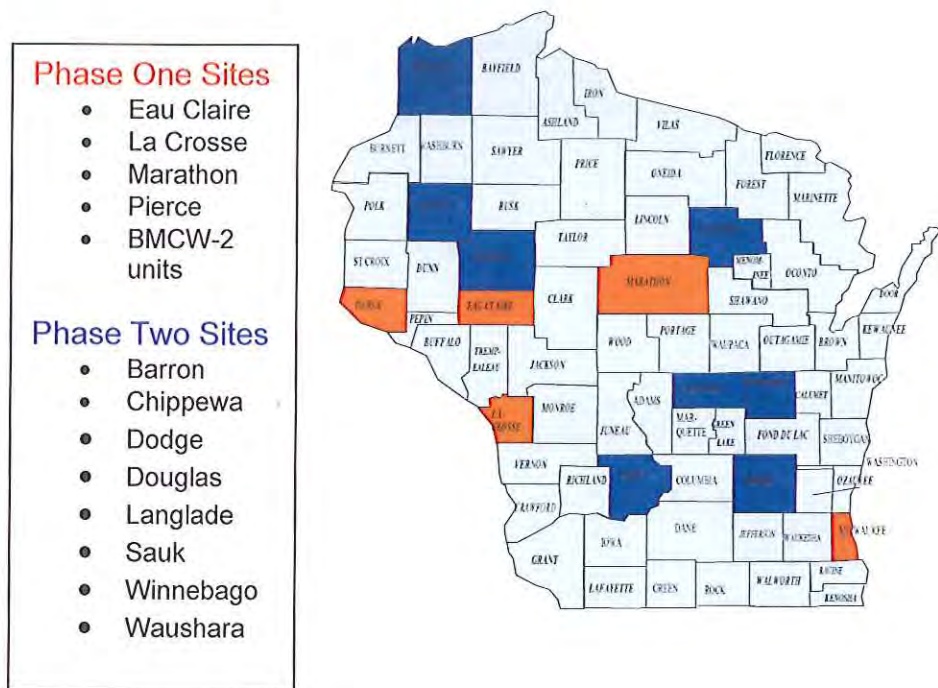
Agencies were asked to describe their approach to pilot implementation, including strategies for involving the community and stakeholders. They were also asked to describe current collaborative efforts with legal and law enforcement partners, as well as the medical community. The agency also provided letters of support from law enforcement, the district attorney's office or corporation counsel's office and the circuit court.

### **Selection of Pilot Counties**

Figure 2 shows that 12 counties applied for the Alternative Response pilot (BMCW was required by statute to join the pilot process). Based on their responses to the above requested information, four counties (Eau Claire, La Crosse, Marathon, and Pierce) were selected to join the Bureau of Milwaukee Child Welfare (BMCW) in the pilot as of July 2010. When the legislature lifted the cap on the number of counties that could participate, DCF invited the remaining eight counties that were interested; all eight counties accepted and joined as of January 2012.



**Figure 2: Counties Applying for AR Pilot**



**Figure Two**

## Policy Adjustments

In 2010, DCF created an addendum to the Child Protective Services Access and Initial Assessment Standards that included program guidelines and requirements for the Alternative Response pilot. The addendum includes supplemental requirements and guidelines to be used in conjunction with the current CPS Access and Initial Assessment Standards. Included in this addendum is a case process flow chart (Figure 3) which illustrates the pathways a report can follow once it is received by an agency. Once a report is accepted as a CPS screened in report, Alternative Response pilot counties have the option of screening a case as Alternative Response or as Traditional Response.



Figure 3

## WI Case Process Flow Chart

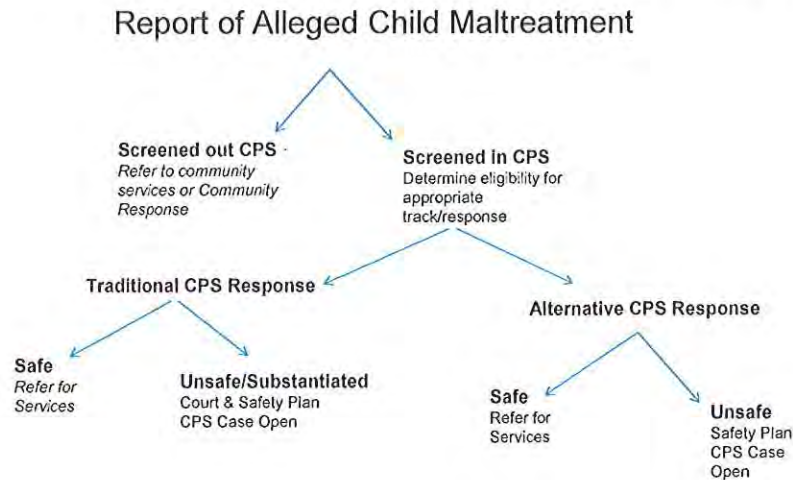


Figure 3

Decisions to respond to a case as a Traditional or Alternative Response case are made based on multiple factors. To assist counties in determining the best pathway, DCF provided a list of the type of cases that should be considered Traditional and the type of cases that could be considered Alternative Response. Figures 4 and 5 illustrate those case types. Note that counties are encouraged to consider many factors when determining how to respond to a CPS case. Some areas to consider include the type of allegation, level of risk, history the family has with the agency, and whether police and court involvement are likely.

Figure 4

## Screening & Pathway Assignment

### Traditional CPS Response

- Identified Present Danger threats
- All sexual abuse cases
- Egregious incidents
- Great bodily harm
- Substantial bodily harm
- Abandonment
- Chronic neglect
- Child fatalities due to CA/N
- Hospitalization due to suspected CA/N
- Physical abuse requiring medical evaluation/treatment
- Injury due to use of weapons such as guns, knives
- Methamphetamine abuse by parent/caregiver
- Investigation otherwise necessary to ensure safety of child/family
- A child who is placed for care or adoption in violation of law
- Child who is receiving inadequate care during the period of time a parent is missing, incarcerated, hospitalized, institutionalized
- Abuse or neglect in a licensed foster home or facility
- All secondary and non-caregiver reports

Figure Four

Figure 5

## Screening & Pathway Assignment

### Alternative CPS Response

- Abuse or neglect has or is likely to occur
- Lack of identified present danger threat
- Court intervention not apparently necessary
- Lack of necessary care due to poverty
- Parent fails to provide necessary care for religious reasons
- Possible medical neglect of a disabled infant
- Relinquished infants
- Possible impending danger
- Presence of domestic violence
- Lack of supervision
- Lack of necessary medical care
- Food, clothing, shelter needs are inconsistently met by parents/caregivers
- Untreated physical injuries, illnesses or impairments
- Emotional damage
- Situational/one time non-accidental injuries
- Substance exposed/effected infants
- Unborn child abuse
- A child, at least 12 years of age, who signs a petition requesting jurisdiction and is need of special care and treatment which the parent, guardian or legal custodian is unwilling, neglecting, unable or needs assistance to provide
- A child suffering from an alcohol or other drug impairment

Figure Five

To fulfill the CPS role of ensuring children are safe and protected, a comprehensive assessment is required for both the Alternative CPS Response and Traditional CPS Response. The goals of the assessment are to:

- assess and analyze present and impending danger threats to child safety,
- take action, when necessary, to control threats to child safety, and
- engage families in providing protection for their children.

An Alternative CPS Response is a comprehensive assessment of child safety, risk concerns, and parent/caregiver protective capacities resulting in a conclusion of whether a family is in need of services. The CPS role in the Alternative CPS Response is to assess child safety and collaborate with parents and formal and informal supports to ensure children are safe by enhancing parent/caregiver protective capacities so that children are protected without further CPS intervention.

## **Operational Considerations**

Because Alternative Response cases are CPS cases, there was no anticipated increase in caseloads for workers in the pilot counties. Most counties in Phase One chose to continue to assign all cases to their staff instead of designating some workers to handle Alternative Response cases and other workers to handle Traditional Response cases.

DSP has also been holding monthly meetings for counties in the pilot. This technical assistance serves as a forum for counties in the Alternative Response pilot to learn from each other. The goal is to build and maintain a community of practice.

## ***III. Evaluation of Pilot***

To evaluate the pilot, DCF created two surveys: a customer satisfaction survey and a worker survey. Client surveys were distributed in the four counties and BMCW's two units implementing Alternative Response in the first phase. Counties delivered surveys to families in April of 2011 and continued through March of 2012.

Because the family survey did not compare the AR and TR approaches for AR-appropriate families, a worker survey was developed. Workers were asked to compare the relative effectiveness of the two approaches in achieving certain outcomes for AR-appropriate families. The worker survey also asked about provider services in the community, effects on performance and AR goals, and the need for additional training.<sup>1</sup>

## ***IV. Outcomes from Worker Survey***

Of the workers in the five pilot counties, 86 percent (37 of 43) completed the survey. About 89 percent (33 of 37) of the surveys were administered at the end of the pilot's evaluation period. The other four surveys were administered at about the midway point.

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<sup>1</sup> The questions were developed by researchers from the Division of Management Services (DMS) in consultation with staff from the Division of Safety and Permanence (DSP).

## Relative Effectiveness of Alternative Response

Workers with experience in both the AR and TR approach assessed which of the two approaches was more likely to achieve each of 14 different outcomes. For each outcome, Table 1 shows the percentage breakdown of workers by the five possible responses: much more likely with AR, somewhat more likely with AR, no difference between AR and TR, somewhat more likely with TR, and much more likely with TR.<sup>2</sup>

A majority of workers perceived the AR approach was more likely to lead to the following outcomes:

- Families approached in friendly, non-accusing manner (94 percent)
- Families participate in decisions and case plans (86 percent)
- Worker spends more time on case (86 percent)
- Caregivers/family members cooperate (81 percent)
- Family members present at initial assessment (61 percent)

A majority of workers perceived no difference between the AR and TR approaches in leading to the following outcomes:

- Worker feels job-related stress (69 percent)
- Children are safe (66 percent)
- Families referred to other resources or agencies in community (61 percent)
- Families receive services they need (58 percent)
- Worker's paperwork increases (58 percent)
- Families receive services quickly (56 percent)

A majority of workers perceived that the TR approach was more likely to lead to the following outcomes:

- Report shows substantiation of abuse (89 percent)
- Caregiver and children interviewed separately (86 percent)

The last outcome in the table is "worker is satisfied with workload and duties." Half of the workers believed that AR is more likely to increase their job satisfaction. Half of the workers reported no difference between the effects of the two approaches on job satisfaction.

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<sup>2</sup> For purposes of discussion, "much more likely" and "somewhat more likely" will be combined into "more likely."

**Table 1: Comparison of Outcomes from AR vs. TR Approach**

Question: Based on your own experience, which of the two approaches is more likely to lead to the following outcomes when applied to AR-appropriate cases?	Percent of Workers with Response					Total
	Much more likely with AR	Somewhat more likely with AR	No difference	Somewhat more likely with TR	Much more likely with TR	
Children are safe	22.9%	11.4%	65.7%	0.0%	0.0%	100.0%
Families approached in friendly, non-accusing manner	47.2%	47.2%	5.6%	0.0%	0.0%	100.0%
Report shows substantiation of abuse	2.9%	5.7%	2.9%	17.1%	71.4%	100.0%
Families receive services they need	11.1%	30.6%	58.3%	0.0%	0.0%	100.0%
Families receive services quickly	22.2%	22.2%	55.6%	0.0%	0.0%	100.0%
Families referred to other resources or agencies in community	11.1%	27.8%	61.1%	0.0%	0.0%	100.0%
Caregiver and children interviewed separately	0.0%	5.6%	8.3%	44.4%	41.7%	100.0%
Family members present at initial assessment	22.2%	38.9%	36.1%	0.0%	2.8%	100.0%
Caregivers/family members cooperate	27.8%	52.8%	19.4%	0.0%	0.0%	100.0%
Families participate in decisions and case plans	27.8%	58.3%	13.9%	0.0%	0.0%	100.0%
Worker's paperwork increases	2.8%	33.3%	58.3%	5.6%	0.0%	100.0%
Worker feels job-related stress	0.0%	14.3%	68.6%	17.1%	0.0%	100.0%
Worker spends more time on case	41.7%	44.4%	8.3%	5.6%	0.0%	100.0%
Worker is satisfied with workload and duties	16.7%	33.3%	50.0%	0.0%	0.0%	100.0%

### Availability of Services

As part of DCF's evaluation of the initial pilot, both agency workers and families were asked about service availability in their area. Families were also asked to indicate needed services not available in their area. The worker survey responses are reported in this section while the family survey responses will be reported in the next section.

Workers were given a list of 25 types of services their clients might need. For each service, workers were asked about awareness of such service providers in their community. Table 2 shows a majority of workers maintained awareness of each type of service.

All of the workers were aware of providers for eight types of services:

- emergency shelter
- utility assistance
- welfare/public assistance services
- medical or dental care
- mental health services

- alcohol or drug treatment
- counseling services
- domestic violence services.

The four services with the lowest rates of awareness included:

- any other financial help (72 percent)
- education services (68 percent)
- car repair or transportation assistance (58 percent)
- help in home such as cooking or cleaning (51 percent)

When workers were aware of a service provider, they were asked to provide service referral history from the past month. Table 2 shows a majority of workers referred families for 14 of the 25 services.<sup>3</sup>

The five services with the highest referral rates included:

- counseling services (81 percent)
- welfare/public assistance services (79 percent)
- food or clothing (74 percent)
- mental health services (73 percent)
- housing assistance (68 percent).

The five services with the lowest referral rates included:

- educational classes (27 percent)
- education services (26 percent)
- meetings with other parents about raising children (25 percent)
- help for a family member with a disability (19 percent)
- help in home such as cooking and cleaning (13 percent)

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<sup>3</sup> The referral rate for a service type is defined as the number of workers who were aware of and made at least one referral in the last month to a service provider divided by the number of workers who were aware of at least one provider.

**Table 2: Service Provider Awareness and Referral Rates**

Type of Service	Percent of Workers who were Aware of Any Service Provider	Percent of Aware Workers who Referred Any Cases in Last Month
Help in home such as cooking or cleaning	51.4%	12.5%
Help for a family member with a disability	83.8%	18.5%
Meetings with other parents about raising children	86.1%	25.0%
Education services	67.6%	26.1%
Educational classes	89.2%	26.7%
Job or skill training	83.8%	38.5%
Medical or dental care	100.0%	40.7%
Appliances, furniture, or home repair	83.3%	44.4%
Utility assistance	100.0%	46.9%
Car repair or transportation assistance	58.3%	47.4%
Emergency shelter	100.0%	48.5%
Legal services	89.2%	50.0%
Respite care for time away from children	83.3%	51.9%
Alcohol or drug treatment	100.0%	54.6%
Money to pay rent	88.9%	56.7%
Help in looking for employment or in changing jobs	91.9%	56.7%
Parenting classes	94.6%	59.4%
Domestic violence services	100.0%	59.4%
Any other financial help	72.2%	60.9%
Child care or daycare	94.6%	61.3%
Housing assistance	94.4%	67.7%
Mental health services	100.0%	72.7%
Food or clothing	97.2%	74.2%
Welfare/public assistance services	100.0%	78.8%
Counseling services (individual, family, mental health)	100.0%	81.3%

**Worker Perceptions of AR**

Relative to the TR approach, it has been argued that the AR approach is both more family-centered and provides more services to the family. The survey asked workers for their view as to which of these two benefits has the larger, more positive impact on families. Table 3 shows a majority of workers (58 percent) believed both had equal impact. The remaining workers (42 percent) believed the family-centered approach of AR had a greater impact on families than the services received under AR.

**Table 3: Comparing Family-Centered Approach of AR vs. Services Received under AR**

Question: When AR has a positive impact on families, which has the larger impact?	Number of Workers	Percent of Workers
Family-centered approach of AR	15	41.7%
Services received under AR	0	0.0%
Equal impact	21	58.3%
Total	36	100.0%

Workers were asked about the extent to which AR changed the way they carried out their work. Table 4 shows 49 percent of workers perceived AR "somewhat" changed how they performed work. More workers perceived the change was "very much" (34 percent) than "slightly" (11 percent).



**Table 4: Effect of AR on How Work is Performed**

<b>Question: If you worked in CPS before the start of AR, how much has AR changed how you perform your work?</b>	<b>Number of Workers</b>	<b>Percent of Workers</b>
A Lot	1	2.9%
Very Much	12	34.3%
Somewhat	17	48.6%
Slightly	4	11.4%
Not at All	1	2.9%
Total	35	100.0%

Workers were asked about how well they understood the goals and philosophy of the AR approach implemented in the pilot counties. Table 5 shows a majority of workers (61 percent) characterized their understanding as “very well.”

**Table 5: Understanding Goals and Philosophy of AR**

<b>Question: How well do you understand the goals and philosophy of AR that is being implemented in this demonstration?</b>	<b>Number of Workers</b>	<b>Percent of Workers</b>
Extremely Well	6	16.7%
Very Well	22	61.1%
Somewhat Well	7	19.4%
Slightly Well	1	2.8%
Not at All Well	0	0.0%
Total	36	100.0%

Workers were also asked about the need for more training related to AR. Table 6 shows a slight majority (53 percent) believed there was a need for more training.

**Table 6: Need for Training**

<b>Question: Do you feel the need for more training related to AR?</b>	<b>Number of Workers</b>	<b>Percent of Workers</b>
Yes	19	52.8%
No	17	47.2%
Total	36	100.0%

## V. Outcomes from Family Survey

A survey was developed to measure the level of satisfaction of families with each type of response during the pilot.<sup>4</sup> The survey gathered information about families' interactions with their social worker, type of services received, existence of increased parenting and protection skills, and overall satisfaction with their experience.<sup>5</sup>

Family surveys were distributed in the four initial pilot counties and BMCW's two units implementing Alternative Response in the first phase. Counties started delivering surveys to families in April of 2011 and continued through March of 2012. Surveys were hand-delivered to families at the last home visit. Families were provided with a self-addressed, stamped envelope to return the surveys to DCF's central office. Some surveys were sent to the family if not delivered at the last home visit.

As required by statute 48.981 (3m), DCF collected information regarding families' satisfaction with both AR and TR services.<sup>6</sup> In four of the pilot counties (Eau Claire, La Crosse, Marathon and Pierce), DCF attempted to survey all AR and TR families.<sup>7</sup> In Milwaukee, because of the large volume of TR cases and small number of workers using the AR approach, only AR families were surveyed.<sup>8</sup> Because of various factors that could contribute to differences between the two approaches, it would be difficult to draw meaningful comparisons between the results of the surveys.

Table 7 reports the Family Survey response rates.<sup>9</sup> The survey response rate is 13 percent for AR cases and 11 percent for TR cases.<sup>10</sup>

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<sup>4</sup> The questions were developed by researchers from the Division of Management Services (DMS) in consultation with staff from the Division of Safety and Permanence (DSP).

<sup>5</sup> The legislation also requested information about families' satisfaction with Community Response (CR) services. Initially, three AR pilot counties (Marathon, LaCrosse, and Pierce) also had CR programs. Families receiving CR services were already being asked to complete an extensive questionnaire, including a family feedback form, due to an independent evaluation of CR conducted by the Wisconsin Children's Trust Fund (CTF). Thus, DCF concluded that it would be too burdensome to ask families to complete dual surveys. In addition, the counties implementing CR programs (and being evaluated by CTF) changed part-way through AR implementation. An attempt to solicit feedback from families receiving "child welfare services" in counties with no CR program yielded only six surveys. Therefore, we restrict survey results in this report to AR and TR cases only and encourage readers to learn more about CR from the CTF CR implementation report: [http://wischildrenstrustfund.org/files/CRP\\_ImplementationReport.pdf](http://wischildrenstrustfund.org/files/CRP_ImplementationReport.pdf).

<sup>7</sup> Social workers were instructed to give surveys and stamped envelopes addressed to DCF to all families upon case closure. To improve compliance with this procedure, and thereby to increase response rates, counties engaged in a variety of follow-up procedures, including mailing out copies of the survey or, in Marathon County, by having an intern conduct the survey by phone. Upon receipt of the surveys by mail, responses were entered into a database so that they could be analyzed statistically at the end of the initial demonstration project. The survey was fielded for approximately 12 months, from the end of March 2011 through March 2012.

<sup>8</sup> Occasionally cases changed from AR to TR (see Switching Tracks portion of this report). These families were also surveyed, and the survey was classified using the final case designation. Therefore, one Milwaukee TR case is included in the sample.

<sup>9</sup> The total number of AR cases closed includes cases in the two BMCW units. Since TR cases were not surveyed in Milwaukee, the total number of TR cases includes only cases from the four pilot counties.

<sup>10</sup> Survey results at the individual county-level will be shared independently with each relevant county.

**Table 7: Family Survey Response Rate by Approach**

	Type of Approach		
	AR	TR	Total
Number of Families	708	547	1,255
Number of Completed Surveys	93	61	154
Response Rate	13.1%	11.2%	12.3%

## Interactions with Social Workers

The first six questions on the Family Survey focused on families' satisfaction regarding interactions with their social worker. Responses were measured using a Likert Scale, scored from 1 to 5, with higher numbered responses indicating higher levels of satisfaction. Text labels included 1 = "not at all"; 2 = "slightly"; 3 = "somewhat"; 4 = "very"; and 5 = "extremely."

Table 8 shows both AR and TR families reported a high overall level of satisfaction regarding their interactions with social workers.<sup>11</sup> For AR families, average scores ranged from 4.2 (worker understood family's situation/needs and ease of contacting worker) to 4.5 (worker was respectful). For TR families, average scores ranged from 4.0 (ease of contacting worker) to 4.5 (worker was respectful).

**Table 8: Interactions with Social Workers**

Question	AR Approach		TR Approach	
	Average Score	Number of Families	Average Score	Number of Families
How satisfied are you with the way you and your family were treated by the social worker who visited your home?	4.3	93	4.1	61
How respectful was the social worker to you and your family?	4.5	93	4.5	61
How carefully did your social worker listen to what you and other members of your family had to say?	4.4	93	4.3	61
How well do you feel your social worker understood you and your family's situation and needs?	4.2	92	4.1	61
How easy was it for you to contact your social worker?	4.2	91	4.0	60
How involved were you in the decisions that were made concerning you and your family?	4.4	92	4.1	60

Table 9 shows the responses to the question, "How many times did you or other members of your family meet with your social worker?" The modal response was two to three times, for both AR and TR families.

<sup>11</sup> Since the number of respondents varied across questions, the table provides the "Number of Families" for each question.

**Table 9: Meetings with Social Workers**

Question: How many times did you or other members of your family meet with your social worker?	AR Approach		TR Approach	
	Number of Families	Percent of Families	Number of Families	Percent of Families
a. Once	27	29.0%	15	25.0%
b. 2 to 3 times	44	47.3%	32	53.3%
c. 4 to 5 times	18	19.4%	7	11.7%
d. More than 5 times	4	4.3%	6	10.0%
Total	93	100.0%	60	100.0%

### **Service Receipt or Referrals**

The next set of survey questions asked families to identify services they received or were referred to as a result of their contact with CPS. Approximately 51 percent of AR families and 66 percent of TR families reported they did not receive or were not referred to any services. Families were asked about formal services. Informal services were not tracked.

For families receiving or referred to at least one service (i.e., 46 families for AR and 21 families for TR), the number of services ranged from 1 to 16, with an average of 3.4 services for AR families and 3.0 services for TR families. As shown in Table 10, AR families most commonly received or were referred to counseling services (37 percent), food or clothing for the family (28 percent), help in obtaining mental health services (24 percent), help in obtaining alcohol or drug treatment (24 percent), and parenting classes (24 percent). The most common services for TR families were counseling services (26 percent) and food or clothing for the family (15 percent).

**Table 10: Service Receipt or Referral**

Type of Service Received or Referred to	AR Approach		TR Approach	
	Number of Families (N)	Percent of Families (N / 46)	Number of Families (N)	Percent of Families (N / 21)
Emergency shelter	5	10.9%	2	4.3%
Car repair or transportation assistance	6	13.0%	4	8.7%
Housing assistance	10	21.7%	3	6.5%
Food or clothing for your family	13	28.3%	7	15.2%
Money to pay your rent	5	10.9%	0	0.0%
Appliances, furniture, or home repair	4	8.7%	2	4.3%
Help paying utilities	9	19.6%	1	2.2%
Welfare/public assistance services	7	15.2%	3	6.5%
Medical or dental care for you or your family	7	15.2%	2	4.3%
Any other financial help	6	13.0%	3	6.5%
Help for a family member with a disability	3	6.5%	0	0.0%
Legal services	3	6.5%	3	6.5%
Assistance in your home such as cooking or cleaning	3	6.5%	0	0.0%
Help with child care or daycare	5	10.9%	2	4.3%
Help getting mental health services	11	23.9%	3	6.5%
Respite care for time away from children	2	4.3%	1	2.2%
Help in getting alcohol or drug treatment	11	23.9%	2	4.3%
Meetings with other parents about raising children	3	6.5%	1	2.2%
Parenting classes	11	23.9%	2	4.3%
Help in getting into educational classes	5	10.9%	1	2.2%
Counseling services (individual, family, mental health)	17	37.0%	12	26.1%
Help in looking for employment or in changing jobs	5	10.9%	3	6.5%
Domestic violence services	1	2.2%	3	6.5%
Job or skill training	2	4.3%	1	2.2%
Education services	4	8.7%	1	2.2%

Approximately 15 percent of AR families and 12 percent of TR families reported services the family needed but did not receive. Examples of such services included counseling, help with rent, help with legal matters, and other services.

## Connection between Services and Family Outcomes

Families were surveyed about their perceptions regarding to what extent child welfare services received improved family outcomes, including parenting skills, ability to deal with family conflict, and knowing whom to contact when they need assistance. Responses were measured using a Likert Scale, scored from 1 to 5, with higher numbered responses indicating better family outcomes. Text labels included 1 = "not at all"; 2 = "slightly"; 3 = "somewhat"; 4 = "very much"; and 5 = "a lot." Table 11 shows the average scores reported by AR and TR families for the effect of services on these three outcomes. For AR families, they ranged from 3.5 (dealing with family conflict) to 4.0 (knowing who to contact when you need assistance). For TR families, they ranged from 3.0 (improving parenting skills) to 3.6 (knowing who to contact when you need assistance).

**Table 11: Family Outcomes from Services**

Question: How much did the help or services that you received ...	AR Approach		TR Approach	
	Average Score	Number of Families	Average Score	Number of Families
improve your parenting skills?	3.6	78	3.0	49
help you to deal with family conflict?	3.5	80	3.3	51
help you know who to contact when you need assistance?	4.0	85	3.6	53

## Overall Satisfaction

Finally, the survey posed two questions intended to address families' overall satisfaction with their child welfare experiences. Table 12 shows that 80 percent of the AR families reported being either "very satisfied" or "extremely satisfied" in response to the question, "Overall, how satisfied are you with the help or services you and your family received in this matter?" In contrast, 65 percent of the TR families reported being either "very satisfied" or "extremely satisfied." Average scores for overall satisfaction were 4.1 for AR families and 3.7 for TR families.

**Table 12: Overall Satisfaction with Child Welfare Services**

Question: Overall, how satisfied are you with the help or services you and your family received in this matter?	AR Approach		TR Approach	
	Number of Families	Percent of Families	Number of Families	Percent of Families
a. Extremely Satisfied (Score = 5)	39	43.8%	18	32.7%
b. Very Satisfied (Score = 4)	32	36.0%	18	32.7%
c. Somewhat Satisfied (Score = 3)	12	13.5%	8	14.5%
d. Slightly Satisfied (Score = 2)	2	2.2%	5	9.1%
e. Not at All Satisfied (Score = 1)	4	4.5%	6	10.9%
Total	89	100.0%	55	100.0%
Average Score:	4.1 for AR		3.7 for TR	

Families were also asked whether they were "better off," "worse off," or "the same" because of their experience with their social worker and child welfare agency. Table 13 shows about two-thirds of survey respondents receiving either AR or TR services reported being "better off" as a result of their experience.

**Table 13: Overall Family Outcome**

Question: Overall, is your family better off or worse off from this experience with your social worker and child welfare agency?	AR Approach		TR Approach	
	Number of Families	Percent of Families	Number of Families	Percent of Families
a. Better Off	61	66.3%	39	67.2%
b. The Same	29	31.5%	14	24.1%
c. Worse Off	2	2.2%	5	8.6%
Total	92	100.0%	58	100.0%

## VI. Process Evaluation

### Screening and Assessment Process

Data from the initial pilot program for this report was gathered beginning on July 1, 2010, and ending on March 31, 2012. Table 14 shows how cases in the four pilot counties from Balance of State (BOS) were screened and assessed after being opened for CPS intervention. Table 15 indicates how TR cases in the four pilot counties from BOS were screened. Cases from the Bureau of Milwaukee Child Welfare (BMCW) are shown separately in Table 16 since BMCW had a limited number of workers accepting AR cases. As a result, their AR numbers are low relative to the total number of cases they received. TR cases from Milwaukee are not included in the table.

During the initial pilot program, the four BOS counties completed 580 Alternative Response cases. Of those cases, 91 percent (530 of 580) had a finding of "Services Not Needed" which indicates the case did not require ongoing county involvement. Fifty cases had a finding of "Services Needed." Of the AR cases screened-in, 92 percent (533 of 580) were assigned a five-day response time (which falls within expectations because cases assigned to this track do not include those with an immediate response because of present danger). Of the cases assigned to Alternative Response, 92 percent (533 of 580) were closed at the end of the assessment period.

Services Needed	50
Services Not Needed	530
Same Day	11
24-48	36
5 day	533
Opened	47
Closed	533

During the initial pilot program, the four BOS counties completed 1247 Traditional Response cases. Of those cases, 78 percent (978 of 1247) had a finding of Unsubstantiated. There were 269 cases with a finding of Substantiated. Of the screened-in TR cases, 56 percent (699 of 1247) were assigned a five-day response time. These numbers fit well within our expectations because the cases assigned to this track include those that require more immediate responses because of present or impending danger. Of the cases assigned Traditional Response, 75 percent (947 of 1247) were closed at the end of the assessment period.

Substantiated	269
Unsubstantiated	978
Same Day	385
24-48	163
5 day	699
Opened	300
Closed	947



During the initial pilot program, BMCW completed 638 Alternative Response cases. Of those cases, 82 percent (520 of 638) were assigned a five-day response time. Again, this is within expectations for cases assigned to this track. Of the cases assigned to Alternative Response, 69 percent (440 of 638) were closed at the end of the assessment period. Traditional case counts for BMCW were not included.

<b>Table 16: Completed AR Cases in BMCW Pilot (July 1, 2010 to March 31, 2012)</b>	
Services Needed	240
Services Not Needed	398
Same Day	22
24-48 Hours	95
5 Days	520
Opened	198
Closed	440

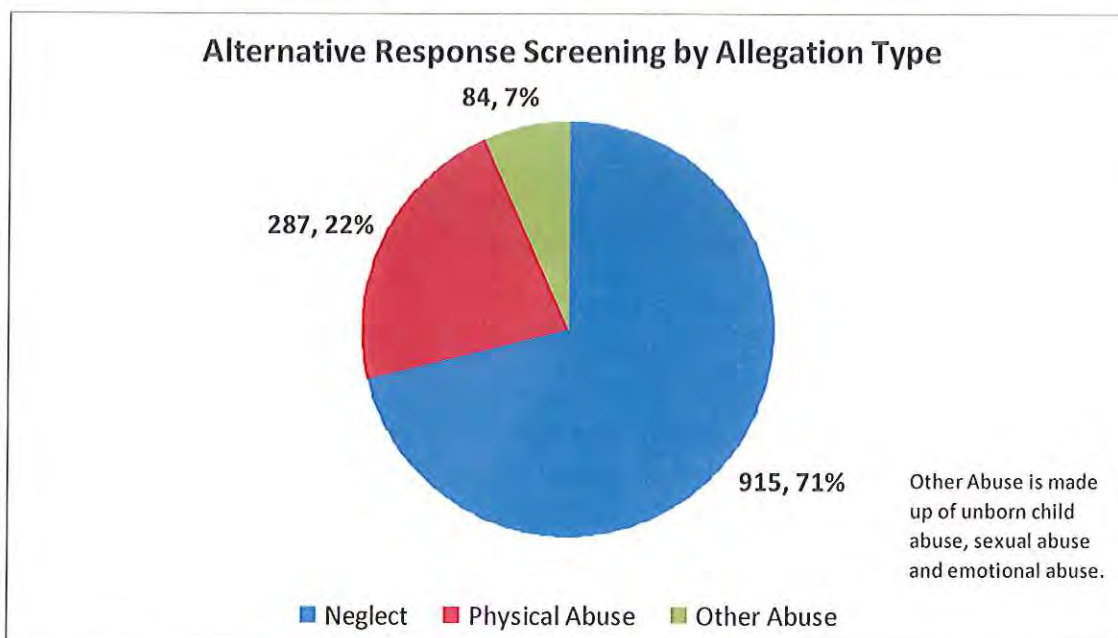
The Department was required to track cases in all three tracts (TR, AR and voluntary community services). However, only three AR pilot counties (Marathon, La Crosse, and Pierce) also had Community Response (CR) programs and therefore had the capacity to track cases not accepted as AR or TR cases but with a Community Response. In addition, the counties implementing CR programs changed during AR implementation. Because not all counties were part of the Community Response program, the Department attempted to track cases referred for community resources through child welfare screening decisions. An attempt to solicit feedback from families receiving "child welfare services" in counties with no CR program yielded only six surveys. Therefore, there was no effective way to track cases that were screened out and received community services of some type.<sup>12</sup>

### **Allegation Type:**

Of the AR CPS cases screened into the pilot counties during the initial pilot period, Figure 6 shows 71 percent were opened for neglect concerns, 22 percent were opened physical abuse concerns, and 7 percent were opened for concerns of other abuse. Note the number of allegations do not match the number of cases screened as cases can have more than one allegation.

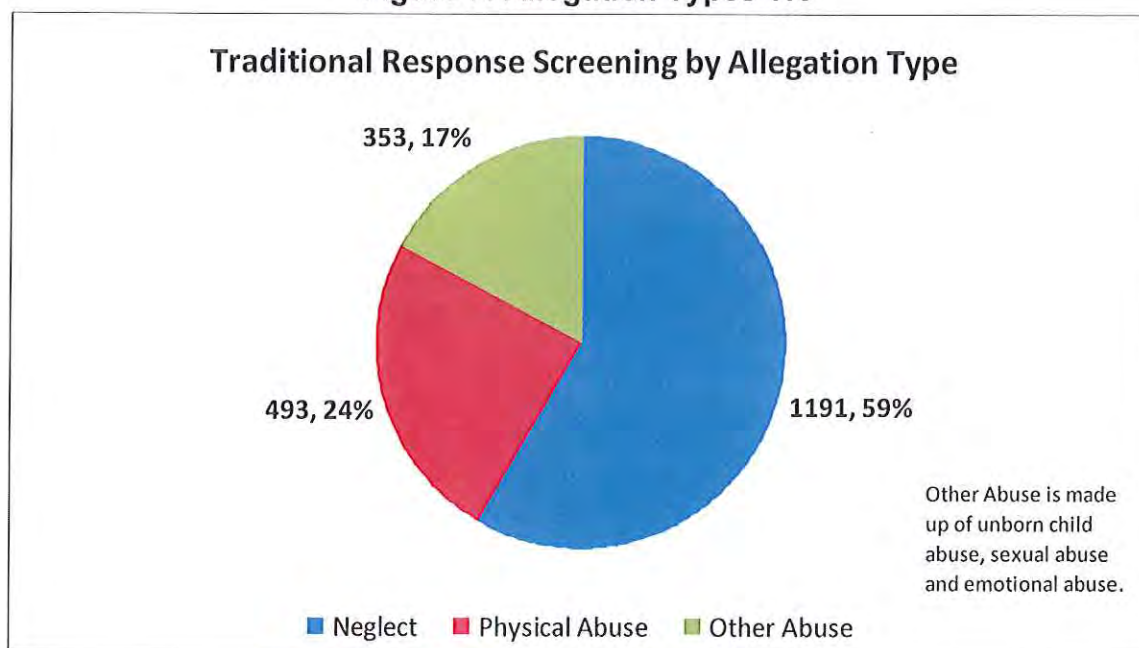
<sup>12</sup> For information about the families served by CR may be found in the CTF CR implementation report: [http://wchildrenstrustfund.org/files/CRP\\_ImplementationReport.pdf](http://wchildrenstrustfund.org/files/CRP_ImplementationReport.pdf).

**Figure 6: Allegation Types AR**



Of the TR CPS cases screened into pilot counties during the initial pilot period, Figure 7 shows 59 percent were opened for neglect concerns, 24 percent were opened physical abuse concerns, and 17 percent were opened for concerns of other abuse. Note the number of allegations do not match the number of cases screened as cases can have more than one allegation.

**Figure 7: Allegation Types TR**



## **Families that Accepted or Declined Services**

The role of the assessment worker is to determine the family's need of services. Situations exist when the family's perception of needed services differs from the worker's assessment. Families determine whether to accept services when services determinations are deemed unnecessary to ensure child safety.<sup>13</sup> The purpose of allowing families the right to refuse services is based on the core idea of Alternative Response: that the agency and the family need to create a non-adversarial partnership to maximize effectiveness of the intervention.<sup>iii</sup> Because safety is assessed throughout both a Traditional Response and an Alternative Response, cases are not automatically moved to a Traditional Response if the family refuses services. This differs from other state practices where cases are re-assigned to an investigation if a family refuses services.<sup>iii</sup>

Pilot counties were asked to document when families declined services. Declined services included those available but not chosen for participation by the family. Not included in declined services were services with waiting lists or those unavailable in the area.

Only one report of a service declined was received since implementation of the pilot process. However, counties indicated faulty documentation regarding declined services during the course of the pilot. Therefore, information regarding declined services is not reliable.

## **Effectiveness of Screening Process in Determining the Appropriate Response**

Counties shifted screening practices during the course of the initial pilot. Counties used established policies to make Traditional Response or Alternative Response determinations. Counties were not required to screen in as AR all cases that qualified as Alternative Response. Analysis revealed many cases responded to as Traditional Response could have qualified for Alternative Response.

Overall, analysis revealed accurate case screening by the pilot counties. The majority of cases screened in as Alternative Response remained within guidelines outlined in policy. Because all cases are CPS cases, assessments focus on child safety. Therefore, when child safety concerns exist, steps are taken to ensure child safety regardless of response type. Very few cases need a formal forensic process as such cases are serious incidents with the likelihood of court intervention and law enforcement involvement. The numbers of cases in this category is small. However, no barriers exist in screening less severe cases as Traditional.

According to the national study, Child Welfare Information Gateway's "Differential Response to Reports of Child Abuse and Neglect," the proportion of reports diverted to an Alternative Response varied greatly across States.<sup>v</sup> "The multistate study found that during 2002, referrals ranged from a low of 20 percent to a high of 71 percent across the six States studied. An analysis of multiyear trends suggested that States were experiencing growth or steady use of the alternative approach over time" (Shusterman et al., 2005).<sup>vi</sup> Wisconsin experienced similar results in its pilot program implementation.

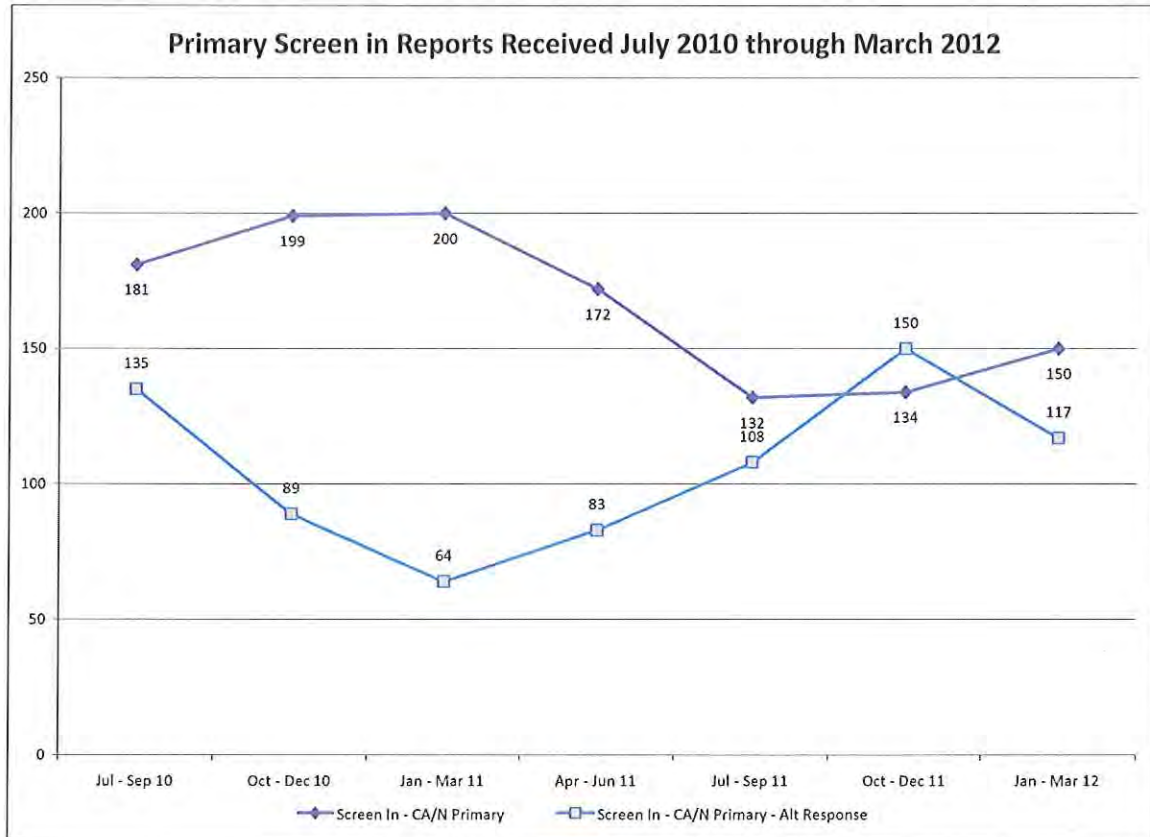
Multiple factors exist which affect assignment decisions. Types and severity of cases varies between counties and between months. At the beginning of the pilot process, pilot counties were assigning more cases as Traditional cases rather than Alternative Response cases. In August of 2010, pilot counties assigned an average of 39 percent of cases as Alternative Response. By October 2011, counties assigned an average of 56 percent of cases as Alternative Response.

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<sup>13</sup> See the Differential Response in Child Protective Services: A Literature Review Version 2.

Figure 8 illustrates the screening trends for the BOS pilot counties. This trend shows the progression of screening practices from screening majority of cases to TR to screening cases to both tracks at close to the same rate.

**Figure 8**



## Switching Tracks

Information received at Access is often incomplete, offering only a fraction of information required. Screen in determinations as track assignments are often made based on this limited information, with intent to make in person contact with children to assess safety. Once in the home, workers often observe that the safety concerns reported do not accurately reflect the family's current situation. In these instances, counties have the ability to change screened in cases from one track to another. The decision must be made in consultation with an agency supervisor.

During the initial pilot, 8 percent of cases switched from AR to TR and 11 percent of cases switched from TR to AR. The changes are not surprising because the majority of cases do not require a forensic approach.

## **VII. Other Outcomes**

### **Worker Turnover**

Several studies exist that examine the factors that play a part in the high turnover rates of child protective services (CPS) workers. Evidence suggests that in 2006 the annual turnover rate of CPS workers was 27 per cent (National Council on Crime and Delinquency, 2006, p. 9).<sup>vii</sup> There are numerous studies that suggest both "retention disincentives and alternative career opportunities" (Healy, 2009) are factors.<sup>viii</sup> Work stress, lack of support, low financial compensation, and lack of respect are some of the reasons cited for leaving CPS. Promotions, advances in salary and professional recognition are some of the incentives to leave.

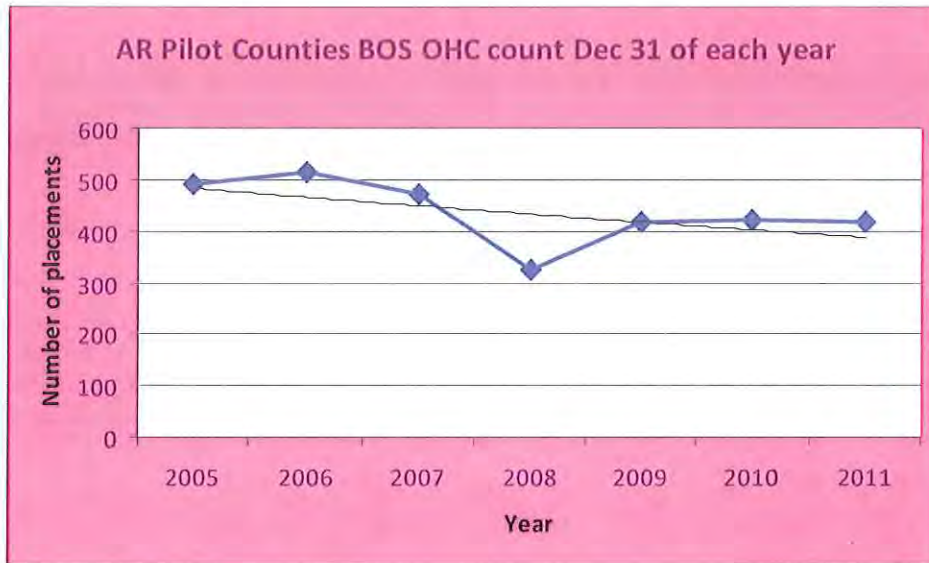
To the extent that job satisfaction affects worker turnover, the Department would expect AR is more likely to reduce turnover than TR. Because of multiple factors that affect turnover rates as well as the short period of time since the beginning of the pilot, it is premature to draw conclusions about the effects of the pilot on the turnover rate in pilot counties. However, note that in the worker survey outcomes, half of the workers believe that AR is more likely than not to affect their job satisfaction (see outcomes page 11).

### **Out-Of-Home Placements**

The Wisconsin AR pilot was implemented in a small number of counties. Although the impact of AR on out-of-home care placement rates is of great interest to the Department, length of the reporting time period and the sample size reported provides insignificant results for analysis. In addition, as noted previously in this report, the Wisconsin AR pilot was not designed to make definitive causal inferences about the impact of the AR program on family outcomes. In other states, more rigorous studies of AR and its impact on families' long-term outcomes have been conducted. Several of these studies suggest AR does indeed reduce rates of out-of-home placement in the long run. In general, out-of-home placement rates have been declining in the last several years (see figure 9).



**Figure 9  
Rate of Out-Of-Home Placements 2005 through 2011  
Balance of the State**



### Subsequent Reports

The subsequent report rate is hereby defined as the percentage of families with reports that were screened-in who were the subject of a second screened-in report that was received within a six-month period after the original assessment was completed. Table 15 shows AR cases experienced a slightly higher subsequent report rate than TR cases in counties participating in the pilot. Data is needed from a larger sample over a longer duration before drawing firm conclusions. The Department will continue to monitor subsequent report rates as AR is implemented in counties throughout the state.

IA-Type	Initial Reports	Subsequent Reports within Six Months	Subsequent Report Rate
IA-Primary AR	279	42	15%
IA-Primary TR	623	69	11%

### Cost-Effectiveness

One goal of the evaluation is to determine whether the AR approach is more cost-effective than TR. In the absence of a true control group for Wisconsin's pilot study, the broader question of whether the AR approach is cost-effective can only be addressed by identifying other states where both budget and time permitted a thorough evaluation. States completing a cost analysis have realized significant cost savings at the point of long-term follow-up.

In general, studies of states with mature Alternative Response initiatives found up-front costs are increased (for services and staff time), but middle-long term costs are reduced because of the decrease in recidivism. Cost savings in Minnesota were documented by the Institute of Applied Research in their Final Report on Minnesota's family assessment response.<sup>ix</sup> Results indicated the mean cost for families in the control group not receiving an Alternative Response was \$4967 while the experimental families that received Alternative Response (which they refer to as Family Assessment) was \$3688.<sup>ix</sup> Minnesota data also explained while costs to provide families an Alternative Response were greater in the beginning, follow-up costs for families that did not receive an Alternative Response was ultimately greater.<sup>ix</sup>



## **RECOMMENDATIONS**

### **Recommendations for Next Steps**

1. Implement a structured expansion process taking into consideration staffing needs, data requirements, and quality assurance measures
2. Continue to collaborate with Barium Springs for Children to develop in-state training capacity and continually evaluate fidelity to the model.
3. Explore additional training needs of counties as they continue to refine and develop their skills
4. Explore research options as the Department develops a statewide expansion plan.

### **Future of Alternative Response in Wisconsin**

Based on feedback from staff as well as the families they serve, DCF is in the process of creating a plan for expansion of the pilot. Alternative Response has been embraced by staff in phase one of the pilot as a way to apply best practice social work methods through provision of a framework that allows for flexibility while maintaining the focus of child safety. The Department is planning for expansion based on the readiness of the remaining 59 counties not yet a part of the pilot and available resources.

To gauge their readiness, DCF created the Alternative Response Implementation Readiness Assessment, a self-assessment tool which allows counties to examine their current state of readiness for the implementation of Alternative Response in a child protective services system. This tool was adapted from the Redesign Implementation Readiness Matrix, a part of California's Child Welfare Services Redesign effort in 2003. In completing this assessment, the Department hopes counties measure readiness for implementation, assess their technical assistance needs, and plan interim steps to heighten pilot site readiness.

This assessment is comprised of components that indicate competency in the planning, launch and, implementation of Alternative Response. Those components include:

- Leadership Commitment
- Community Partners
- Measures and Data
- Service Availability
- Communications and Messaging
- Training

DCF asked all counties not yet a part of the pilot to complete this assessment. An expansion plan will be based on information gathered, taking into consideration the resources and staff available to provide training and support.

The State is committed to continually evaluating the efficacy of CPS services. This will be a part of our overall quality assurance process. As the Department involves additional counties and thereby gathers more data, we can provide more reliable results regarding program effectiveness.

## References

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- <sup>iv</sup> Merkel-Holguin, L., Kaplan, C., & Kwak, A. (2006 November), *National study on differential response in child welfare*. Englewood, CO: American Humane Association and Child Welfare League of America. Retrieved from <http://www.americanhumane.org/assets/pdfs/children/pc-2006-national-study-differential-response.pdf>
- <sup>v</sup> [http://www.childwelfare.gov/pubs/issue\\_briefs/differential\\_response/differential\\_response.pdf](http://www.childwelfare.gov/pubs/issue_briefs/differential_response/differential_response.pdf)
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- <sup>vii</sup> National Council on Crime and Delinquency (2006) Relationship between Staff Turnover, Child Welfare System functioning and Recurrent Child Abuse, Houston, Texas, National Council on Crime and Delinquency
- <sup>viii</sup> Healy, Meagher, and Cullin (2009) Retaining Novices to Become Expert Child Protection Practitioners: Creating Career Pathways in Direct Practice. *British Journal of Social Work* 39, 299-317
- <sup>ix</sup> Institute of Applied Research, "Extended Follow-up Study of Minnesota's Family Assessment Response: Final Report" November 2006

